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Vipassana and Professional Addiction Therapy

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The Addiction Therapy Center for Drug Dependents START AGAIN in Zurich exists since October 1992. It is constantly working with about 25 to 30 clients of both sexes aiming at their social and professional (re)integration.[1] This aim, START AGAIN tries to achieve by implementing and continually refining a new format of stationary abstinence-oriented addiction therapy. We call this format *depth-systemic addiction therapy*. It represents a particular synthesis of three pronouncedly distinct perspectives: (i) a modern western understanding of professional systemic therapy, (ii) aspects of the self-help program of the Narcotics Anonymous (NA), and (iii) the perspective associated with the old eastern practice system of *ānāpāna-sati* and *vipassanā*, in short Vipassana.

In the following, we shall present a few experiences made at START AGAIN which may illustrate how, in a western sociocultural context, the *ānāpāna-sati* and *vipassanā* practice system can be adequately framed and be beneficially integrated into a professional therapeutic program in a clinical rehabilitation setting.

Professional Systemic Therapy. From a systemic point of view, an individual is always an individual within a multitude of social (sub)systems of different reaches, starting, e.g., from the family of origin, comprising the present family or partnership, groups of coworkers and friends, the community, and reaching up to society as a whole. All these systems are influenced by the individual and, conversely, they all are constantly acting back on it. Thereby, all these systems and the associated social relations are characterized by *individual, historically evolved 'sense structures'*, i.e. by particular patterns of habitually acting and reacting. In this general framework, addiction is conceptualized, in a dialectic manner, as a particular form of *'damaged autonomy'* which, in each case, has evolved and is sustained in a specific social network.

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[1] Of the 170 clients that entered and left START AGAIN between October 1992 and March 1998, about 1/3 left the institution within the first few weeks, and about 1/4 left after a longer stay but before completing the program. Most of these drop-outs left due to relapse or program-client incompatibility. Looking at the clients which completed the program (which typically stayed for somewhat more than one year) and which left the institution more than one year ago, a chance of 'success' (i.e. no consumption of hard drugs anymore and a clear relative increase in autonomy) between 60 and 80% can be stated.

Besides the faculty to read or reconstruct case-specific sense structures, it is constitutive for professional therapy, which aims at (re)establishing autonomous life practices, that therapists have to be able to habitually and artfully engage and frame the two opposite prototypes of social relations: (i) the type of *'diffuse' or personal social relations* which are based on closeness, trust and empathy, where, in principal, *no* subject can be excluded and the personnel cannot be substituted. *The* example of such relations are the social relations in a family; and (ii) the counter-pole of these relations, the so-called *'specific' social relations or social roles* where, in each case, only a specific, limited spectrum of subjects can be addressed and the personnel can be substituted. Examples of such relations are all sorts of business relations.

Practically, this means that, e.g. at START AGAIN, on the one hand side, substance-dependent fellow-men are treated with the same respect as other people (an expression of the *autonomy*-orientation), on the other hand, therapists and clients as well as their partners and/or families are trying together, in a dynamic process of social engagement, to gain insight into the individual social entanglements, illusions, escape mechanisms and *life issues* of the afflicted ones (i.e. the *damage* is not lost sight of). Thus, at START AGAIN, the main therapeutic focus is not on the old myth of professionals of *'wanting to heal'*, but rather on learning from the individual family - and life history as well as from the personality structure of their clients in order to return to them what has been learned from them, just in accordance with the autonomy-provoking logic of *'help for self-help'*, so that they may dismantle step by step their illusions and escape mechanisms, develop new social relations and extend their possibilities and options for creating individual realities.

This case-specificity-oriented approach with respect to questions like 'where are clients coming from?' and 'where are they going to after therapy?' has proven to provide an adequate conceptual and therapeutic frame within which effective use can be made of the *universalistic* understanding of addiction and suffering, in general, which is explicated and experientially addressed by the Vipassana system. Before we will turn to Vipassana, however, a few remarks about the role of the self-help element at START AGAIN.

Self-Help. There are three major effects, which we want to mention, which are associated with establishing a space *free* of professionals within a stationary professional therapeutic context. First, internal autonomous self-help groups and external NA meetings or conventions can be considered to provide a place where clients may experience a prototypical *socialization into a community* (i.e. into a collective of 'diffusely' engaged people where, as a client puts it, 'one is taken as one is, where there are no expectations') something which can allow them to re-experience and thus to begin to heal problematic episodes in their primary familial socialization process.

Secondly, the first step of the NA program, the step of 'capitulation', can be understood, as BATESON[2] puts it adequately, as an expression of the necessity that addicts have to

[2] G. BATESON, The Cybernetics of 'Self': A Theory of Alcoholism, in *Steps to an Ecology of Mind. Collected Essays in Anthropology, Psychiatry, Evolution and Epistemology* (Chandler Publ. Co., San Francisco, 1972).

change their epistemology *from a pathological dualistic model* in which a part of a system (e.g. the will or 'self') rules seemingly independently over the rest of the system (e.g. the remainder of one's personality and the environment) *to a holistic model of an individual and the environment* which is based on the idea of inclusion, on 'being part of' a whole and on establishing an individual relationship of surrender and devotion to that whole (in the language of NA, this whole is referred to by the term 'higher power').

Thirdly, by calling for ethicalizing one's life practice, the NA program aims at inducing changes at the level of the clients' *life style*.

Relating especially this last point to the Vipassana system with its three divisions — namely, (i) living a moral life *(sīla)*, (ii) concentration of the mind *(samādhi)*, the objective of the *ānāpāna-sati* practice, and (iii) developing wisdom *(paññā)* which liberates from universal suffering, the objective of the *vipassanā* practice —, we see that the NA self-help program naturally intertwines with the Vipassana system. In the logic of Vipassana, we could say, it helps to 'build a strong foundation' for the practice of *ānāpāna-sati* and eventually *vipassanā*. In terms of the therapeutic logic of START AGAIN, we say that the self-help groups help, together with the systemic therapy, to prepare the ground for addressing through the practice of *vipassanā* the core issue of addiction therapy, namely *'addictedness'*. Let us briefly specify this term in some more detail.

A Neurobiological Remark. From a neurobiological perspective, there is mounting empirical evidence for the following hypothesis about the genesis and the sustaining of addictive behavior (i.e. compulsive drug seeking and drug taking).[3] First, the neural pathways in the human central nervous system (CNS) which mediate the subjective pleasurable effects of drugs *(drug 'liking')* and those which are involved in *'wanting' drugs* or drug craving are distinct. Thus, these two phenomena can develop to some extent independently.

Secondly, although no two drugs act in the same way on the CNS, there seems to be one type of action which is shared by the major classes of addictive drugs (psychostimulants, opiates, nicotine, cannabis and ethanol, but *not* caffeine). They all stimulate and sensitize the midbrain dopaminergic system. Natural stimuli activating this system are, e.g., food, water and sex, and it is known to play an important role in 'incentive learning'. This is a process by which, subconsciously (i.e. without voluntary control), reactions, procedures or behaviors are acquired which are instrumental for reaching those goals which are associated with the activation of this system. In case of repeated drug taking, then, sensitization and, as a consequence thereof, strongly facilitated incentive learning gradually imbue, as it were, drug taking and drug-related stimuli with salience. Drugs are gradually turned into 'wanted' stimuli even though, objectively, their negative consequences such as loss of job, home, friends, family and health may far outweigh

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[3] See, e.g.: T.E. ROBINSON and K.C. BERRIDGE, The Neural Basis of Drug Craving: An Incentive-Sensitization Theory of Addiction, *Brain Res. Rev.* **18** (1993) 247-291; G. DI CHIARA, The Role of Dopamine in Drug Abuse Viewed from the Perspective of its Role in Motivation, *Drug and Alcohol Dep.* **38** (1995) 95-137; R.A. WISE, Addictive Drugs and Brain Stimulation Reward, *Annu. Rev. Neurosci.* **19** (1996) 319-340; J. MIRENOWICZ and W. SCHULTZ, Preferential Activation of Midbrain Dopamine Neurons by Appetitive rather than Aversive Stimuli, *Nature* **379** (1996) 449-451.

their positive effects which are typically (after a few initial euphoric 'flash'- or 'rush'-experiences) a momentary relief of withdrawal symptoms.

Loosely speaking, we can say that drugs act on the brain in such a way as to make drug-seeking and drug-taking into an existentially relevant and thus significant behavior, and, most problematically, they do this in a gradual process which is beyond voluntary control. From this point of view, addiction seems to be a problematic form of salience attribution, or, abstractly speaking, of cumulatively and unavoidably building up an action-inducing and -structuring potential which we term 'addictedness'.

Now, the important question is whether there is a way to neutralize the result of this salience attribution process, a result which is certainly extremely persistent, given the chronic relapse phenomenon characteristic of addiction. This question brings us to the last point.

Ānāpāna-Sati and Vipassanā. Introducing Vipassana into the discussion, we basically extend the systemic and biological dimensions of our image of man by the dimension of a subtle mind-body dialectics. In Vipassana, one of the main contentions is that '*every-thing that arises in the mind flows along with body sensations (vedanā-samosaraṇā sabbe dhammā)*.[4] Incidentally, we note that, very interestingly, results in modern neuro-psychology are pointing into a very similar direction.[5]

Now, from a Vipassana point of view, again much in parallel to the above neurobiological perspective, addiction evolves from *liking the primary stimulus of drugs* via craving for drugs to a final, relatively drug-independent and universal *craving for the sake of craving*. Thereby the two main factors driving this process are: (i) pleasant body sensations are accompanying not only the physical act of drug taking but also the mental act of craving for drugs; and (ii) the universal habit or reaction pattern of the mind (*sankhāra*) of trying to keep or to prolong anything which goes along with pleasant body sensations or, for that matter, of trying to avoid anything which goes along with unpleasant body sensations, be it consciously know or not. In the old language of *Pāli*, this phenomenon is called *taṇhā*, and we like to term it '*universal addictedness*'.

In Vipassana, the instrument proposed to gradually reduce universal addictedness, which includes the addictedness underlying drug taking, is the practice of *vipassanā*. It aims at being able to observe consciously, attentively and equanimously (i.e. neither reacting with craving nor reacting with aversion) more and more subtle body sensations whereby that particular experiential wisdom (*paññā*) is developed which ultimately liberates from universal suffering (*dukkha*).

Now, at *START AGAIN*, besides systemic therapy and NA, the third compulsory element of the program, the practice of *ānāpāna-sati*, can also be seen to be preparatory for the optional participation in external ten-day Vipassana courses.[6] The concrete design of

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[4] *Anguttara Nikāya: Chattha Sangayana* edition of the *Tipiṭaka*, published by the Vipassana Research Institute, Book III, *Dasakanipata*, Paragraph 58; or *Pāli* Text Society (London), Book V, p. 107.

[5] See, e.g.: A. DAMASIO, *Descartes' Error. Emotion, Reason, and the Human Brain* (Putnam's Sons, New York, 1994).

[6] At *START AGAIN*, nearly half of the clients which do not leave the institution within the first few weeks choose to attend one, two or sometimes even more Vipassana courses during their stay.

this element has evolved over the years, it now comprises daily practice of *ānāpāna-sati* (a half to one hour in the morning and a quarter to half an hour in the evening), monthly one-day *ānāpāna* courses and regular, internal one-week intensives on the theory and practice of Vipassana. This step-by-step approaching of the first ten-day Vipassana course has proven to be helpful in avoiding that clients get inundated by all that which a ten-day courses may stimulate (including, in particular, strong craving experiences) and that they break courses early leaving them with a therapeutically undesirable experience of failure.

With respect to the practice of *ānāpāna-sati*, we like to mention that, at START AGAIN, we can observe again and again that the continual focusing and re-focusing of attention on one's natural breath indeed leads to a gradual development of genuine awareness (*sati*), and most of the clients report that, subjectively, they feel that their minds are also quieting down.

With respect to effects resulting from the practice of *vipassanā*, we note that, here, one clearly needs to distinguish between attending one or two courses during the stay at START AGAIN and the attempt to establish (at least for a while) a continuous meditation practice over a longer period (beyond the stay at START AGAIN). Typically, it seems that the latter is needed to really start to work at the root of addiction, i.e. to work at resolving (universal) addictedness. However, this does not at all mean that a single Vipassana course cannot have any valuable effects. As a matter of fact, experiences at START AGAIN suggest the following five large classes of effects which can be stimulated or induced by the participation in a Vipassana course:[7] (i) effects on the broad level of social behavior, (ii) somatic and psychosomatic effects, (iii) effects concerning the faculty of self-observation, self-control and coping, (iv) effects of a depth-psychodynamical nature, (v) effects related to wisdom gained by continually penetrating and understanding 'ultimate reality' at an experiential level.

However, in order for clients to make best use of the corresponding stimulations, it has proven to be crucial to find in a case-specific manner an adequate framing of these experiences within a professional therapeutic process. So it is, e.g., from time to time a particularly delicate challenge for therapists to prevent clients from instrumentalizing ten-day Vipassana courses as a supposed quick remedy for their problems, a remedy which, in addition, holds the promise of peak experiences. On the other hand, if this tendency can be worked through therapeutically, this very tendency has proven to hold a high potential for clients to gain insight into their escape mechanisms.

By referring to the role of professional therapy after Vipassana courses, we have come full circle with respect to our explanations about Vipassana and professional addiction therapy. We hold that working on a synthesis of old eastern self-observation and insight practices and modern western therapy and self-help techniques has proven to be a challenging and much rewarding enterprise. May others be stimulated by these ideas to try similar experiments in related areas, so that in more and more practical fields of human endeavor the old and the new, i.e. Eastern and Western traditions and practices, may

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[7] For more details, see: U.M. STUDER, *Vipassana, Professional Therapy and Science*, preprint STA/97-2, to be published.

shake hands at the beginning of the next millennium.

The following section 5.1 is an extract from a comprehensive case study of the Addiction Therapy Center START AGAIN in Zurich. The study has been carried out by Dr. Urban M. Studer for the Swiss Ministry of Justice in the years 1995 to 1998. Financially, the study was supported by the Swiss Federal Department of Justice and Police.

5.1 An introduction to the basic therapeutic concept behind START AGAIN

At its inception, the basic concept behind START AGAIN and its essential perspectives and areas of experience in relation to drug dependency and addiction were embodied by the two founding members and main conceptual developers, Dr. Gerhard SCHOLZ and Sergio MANTOVANI. SCHOLZ brought *a social science or clinical sociology background,* shaped by the „Frankfurt School of Objective Hermeneutics" centered around Ulrich OEVERMANN. (See the explanations in sections 2.2 and 3.1.) During the time START AGAIN was being founded, SCHOLZ was a drug researcher at the welfare department of the city of Zurich. MANTOVANI, who was a employee in an emergency overnight shelter of a welfare youth program in Zurich (ZAGJP), brought practical day-to-day experience in the low-threshold work of dealing with drug addicts with a commitment to *harm reduction.* Apart from a familiarity with the drug scene and the political context of the drug policies of the city of Zurich, the two had in common many years of experience in the practice of *Vipassana* meditation as taught today by S.N. GOENKA, a Burmese of Indian descent, and his assistant teachers. *Vipassana* is a practical system that is claimed to represent the original form of meditation taught by the historical BUDDHA, Siddhattha GOTAMA.

The blueprint for the basic therapeutic conception of START AGAIN was modeled on a „home-style, non-governmental rehabilitation center" named CYRENIAN HOUSE in Perth (Western Australia). SCHOLZ visited and studied this addiction therapy center as part of his doctoral dissertation.[1] Some time later, MANTOVANI also spent a number of weeks at CYRENIAN HOUSE to gain experience.

The **essentials of the therapeutic conception of** START AGAIN, initially based on CYRENIAN HOUSE and the founders' experiences there, were adapted over time to the specific addiction-rehabilitation conditions prevailing in Switzerland, particularly in the metropolitan area of Zurich. To this day, these remain the core elements of START AGAIN's central guidelines for drug rehabilitative action. These are as outlined below:

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[1] G. SCHOLZ, *Vipassana Meditation und Drogensucht: Eine Studie über den Ausstieg aus der Herrschaft der Attraktion Droge* (Universität Zürich, 1992).

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5.1.1 Focus on abstinence

Today, the *Addiction Therapy Center START AGAIN* (description used since 1996) works much like the initially established *Drug Therapy House START AGAIN* (the description used between 1992 and 1995), as a „safe" drug-free[2] environment which offers addicts a foundation for investigating the nature of their addiction and their handling of it, and support in the important first and difficult steps towards recovery from drug addiction. Here, the idea of *abstinence as crisis*, whereby a crisis is understood (in a structuralistic sociological sense) as the absence of routine, and hence as a *possibility for change* (see subsection 2.2.4), plays an important role. In other words: *the focus on abstinence in START AGAIN is based on therapeutic and not ideological grounds.* The drug-free state of the environment is ensured through supervised urine tests a number of times a week.

Within this general framework of abstinence, the **therapeutic program of** *START AGAIN* was initially divided into intensive residential programs of two to three months duration, followed by a period of three to six months in transitional residential therapeutic communal living. Within about the first year of operation, step by step, a *three-phase program structure* was developed, consisting of a *3-month intensive residential program, a 3-month period of residential communal living with a structured day, and a 6-month period of external communal living, followed by ambulant follow-up care when necessary.* During the entire period of the investigation of the present study, *START AGAIN* is characterized by this 3-phase program structure with optional follow-up care.

Since September 1998, the *START AGAIN* therapy program consists in a stay of approximately twelve months with seamless transitions dependent on the individual's state of recovery between an orientation phase, a therapeutic deepening phase, a period of social and occupational (re-)integration, and an external communal living situation. Ambulant follow-up care is offered externally since February 1998 by two former staff members of *START AGAIN*.

Since the beginning, the detailed development of the therapeutic program has been shaped by the following, mutually supportive elements:

5.1.2 Counseling by ex-addicts combined with professional therapeutic care

The weekly, individual counseling sessions and one to five group therapy sessions per week (according to the individual therapeutic phase) are designed to bring to light the development of drug addiction and resultant lifestyle, as well as to promote the development of basic life-practical skills, such as readiness to communicate, ability to form different, situation-adequate types of social relations, competence of decision-making, the ability to face conflict and establish boundaries, frustration tolerance, and responsibility.

At *CYRENIAN HOUSE*, the face-to-face interaction was done exclusively by *ex-addicts/users*, while the role of professional therapists and staff was to maintain the framework for face-to-face treatment. The assumption here was that ex-users would be more effective in countering the tendency of addicts to *maintain their addiction into the therapy by interpreting therapeutic working relations as relations of dependency.* Due to their proximity to and acceptance of the problem of addiction, and by their keen awareness of the tendencies of addicts to legitimize and manipulate, ex-

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[2] „soft" drugs and alcohol are also excluded

users can be highly effective in bringing out greater autonomy in addicts and instigating the necessary work on defenses.[3]

In contrast to CYRENIAN HOUSE, in the initial conception of START AGAIN, the cooperation of ex-users with professional staff was essentially *inter-disciplinary*. The possibility of having all areas of therapy and counseling performed by rehabilitated drug addicts in the long run was explicitly considered in the beginning. However, the relationship between professional staff and ex-users was continually developed and adapted in START AGAIN. As a general line of development there was a progressive professionalization of therapeutic action, while at the same time, clearly marked areas of work for ex-users became established, such as facilitating in internal addiction groups, and night duty.

5.1.3   Orientation along the guidelines of *Narcotics Anonymous* (*NA*)

Through therapeutic processes as well as participation in regional meetings (initially five times per week, later less frequently) and international conventions of *NA* (*Narcotics Anonymous*), the common psycho-social understanding of health and addiction is expanded by a "spiritual" dimension.

A central principle in the social interaction and framework of *NA* meetings is that complex models of behavior that effectively counter drug-addiction can be readily taken up by addicts through observing the behaviors of rehabilitated ex-users. Since these behaviors involve similar experiences with intoxicants and corresponding subcultures they are of great significance and highly compelling for those concerned.

In relation to the "spiritual" dimension of *NA*, as first shown by BATESON[4] in his analysis of the 12-step-treatment system of *Alcoholics Anonymous* (*AA*), it is held that insight into and acceptance of the fact, that *it is impossible to fight against the force of addiction by one's own will power* („capitulation"), breaks apart the structuring dualistic Cartesian divide between the conscious will or „self" (mind) and the rest of the personality (matter). The personal, egocentric will is given up in favor of a *relationship* to a surrounding, larger system — a relationship that varies, in fact, according to the point of view of the individuals.

This opening up of a "spiritual" perspective — even if only on the level of intellectual insight or on the level of a conscious ethical orientation of behavior — provides the basis for the final decisive component in the START AGAIN program for coming to terms with the addiction: the practical system of *Anapana-sati* and *Vipassana* (in short: *Vipassana[5]*).

5.1.4   Awareness training through observation of breath (*Anapana-sati*) and *Vipassana* meditation

Experiences at CYRENIAN HOUSE have shown that the inclusion of an intermediate step between the *NA* program and the practice of *Vipassana* meditation is necessary in order to minimize the risk that 10-day *Vipassana* courses (held externally to the institution) are "misused," in the sense that they are seen as an immediate means to get rid of a problem, in line with the old, typical ad-

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[3] Cf. SCHOLZ (1992: 102)

[4] G. BATESON, *Ökologie des Geistes*, there: Die Kybernetik des "Selbst": Eine Theorie des Alkoholismus, p. 400-435, (Suhrkamp, Frankfurt a.M., 1985).

[5] *Anapana-sati* and *Vipassana* are two terms in the extinct Indo-Aryan language of Pali.

diction pattern of seeking instant solutions. As an intermediate step, recourse is made to the traditional preliminary stage of the actual practice of *Vipassana* meditation, namely the practice of *Anapana-sati*. This exercise is a form of awareness training, whereby one continuously observes the natural breath entering and leaving the nostrils. Initially, it was practiced daily for approximately 20 minutes; today it is being practiced morning and evening for 15 to 30 minutes at a time. As a result of this exercise, the individual's mind and thinking processes should become more balanced and calmer, will power is strengthened, and the drug addict is supposed to learn a (by tendency) non-diverted observation of the flow of his/her own inner experiences.

In the later phases of the therapy and after the therapy, START AGAIN clients may, on a completely voluntary basis, participate in a 10-day *Vipassana* course. Such courses are held regularly in Switzerland, in neighboring countries, and in many centers and sites throughout the world. An extensive explanation of the understanding of drug addiction from the point of view of *Vipassana* and the relevance of this understanding for START AGAIN is given in section 7.3.

5.1.5 Promotion of physical well-being, leisure and visits

In a similar approach to that of CYRENIAN HOUSE, during the intensive part of the program, one or two 2-hour sessions of sports and one 1-hour session of yoga are held to promote a sense of physical well-being. Since September 1995, once a year, an intensive Iyengar Yoga workshop, lasting one to three days, takes place for all phases of the program. The courses are conducted by the internationally renowned Indian yoga teacher Rev. Fr. Joe PEREIRA. In addition, throughout the year, introductory training in the physical exercises of Iyengar Yoga are provided to clients by two START AGAIN staff members.

During the intensive part of the program and the initial communal living program, a regular, balanced vegetarian diet is aimed at.

As a rule, there is a strict ban on outside contacts during the first two weeks, i.e. no letters, no telephone calls, no going out, no visits. After this, there is regular time off — initially accompanied, then independent — and letters, phone calls, and visitors are allowed.

In order to facilitate a smooth entry into the addiction therapy, neither radio nor television are allowed in the intensive program and in the initial communal living situation. Additionally, START AGAIN abides by an implicit general principle for leisure time, namely: *as little as possible is offered internally*, in order to counteract the general „consumerist" tendency of the clientele and in order to help clients come to terms with boredom, which is a problematic feature in the lives of many addicts.

Before we turn to three additional dimensions in the basic therapeutic conception of START AGAIN, namely those beyond the dimensions developed in reference to CYRENIAN HOUSE, we shall make a remark on START AGAIN's **institutional logo**. The three-element graphic, which represents a person who is "released from fixation by lifting himself/herself up to make the jump (into a free life)," is a symbol of the midwife-like role played by CYRENIAN HOUSE in the conception of START AGAIN. With the permission of CYRENIAN HOUSE, its logo has been adopted by START AGAIN.

Let us now turn to the additional dimensions of the START AGAIN concept mentioned above:

5.1.6 Therapy as daily routine and daily routine as therapy

In contrast to CYRENIAN HOUSE, which in the continuum of models of therapeutic concepts that range between *therapy as daily routine* and *daily routine as therapy*,[6] clearly operates according to the first of these, the basic conception of START AGAIN aims to strike a balance *between* these two extremes. What does this mean?

The structural type of institutions described by the term **therapy as daily routine** is characterized by the feature that the day is organized into a timetable-like succession of therapeutic events. The temporal framework for conducting therapy is organized according to the work schedule of the experts, i.e. the professional personnel, who carry out therapy according to recognized rules. The types of interaction between staff and clientele are organized in terms of roles, that is according to *"specific" social relations* where the personnel is exchangeable, where exclusively role-specific themes are topics of the interaction and the inclusion of other topics has to be justified.[7]

An institution that works according to the concept of **daily routine as therapy** sees all the practical activities of the institutional day — such as the work required to run the household, maintenance work around the house, meeting visitors and going out — as therapeutically effective. In a 24-hour environment like this, structural defining of events, especially the separation between therapy and leisure, do not play a decisive role. The institution represents a kind of family, and accordingly, the type of interaction between staff and clientele is family-like. That is, staff and clients interact as "complete human beings," as is typical for *"diffuse" social relations*, where, principally, the personnel is inexchangeable, where essentially everything is open for discussion and the exclusion of topics has to be justified.

In an institution like START AGAIN, which aims to work between the two extreme models outlined above, *the daily process of living together is used as a field in which problematic life-organization and interaction patterns are allowed to reproduce themselves so that they can then be therapeutically addressed in clearly framed contexts*. Thus, while in some cases the individual staff interacts with the clients as pseudo-family member (typical for *daily routine as therapy*), in other cases it gives up this type of social relations in order to assume the role of carer or therapist (typical for *therapy as daily routine*). For clients, it is no small challenge to learn to differentiate between diffuse and specific social relations, although the process is made easier by the explicit framing of interaction situations (typical for *therapy as daily routine*). This sophisticated organization of daily routine presents a challenge for staff also, especially with respect to the ability of individual staff to engage and interact with clients.

5.1.7 Case specifics and the logic of reconstruction

In terms of therapeutic logic, the most general and encompassing perspective of START AGAIN is provided by the reconstructive analysis of case structures (regularities), i.e. of the "inner architecture" of an individual's biography and actual life practice. Case reconstruction can be thought of as a large bracket surrounding the application of all of the above-stated basic elements, since it offers the very instrument *capable of ascertaining, step by step and in a methodologically controlled manner, the existing potential for autonomy in a damaged individual life practice in order then to therapeutically intervene in a case-specifically adequate manner*, i.e. to bring into play

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[6] A comprehensive presentation of this analytical category is given in B. HILDENBRAND, *Alltag als Therapie: Ablöseprozess Schizophrener in der psychiatrischen Übergangseinrichtung* (Hans Huber, Bern, 1991).

[7] Cf. subsection 3.1.2

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the different basic elements in a case-specifically effective way. The terms that are of central significance for the case-reconstructive perspective and the analytical realization of this perspective have been explained in detail in sections 2.2, 3.2 and 3.3.

5.1.8   Systemic couple and family therapy

According to a systemic understanding of addiction therapy, an acutely damaged autonomy must always be understood in the context of an individual biography and family history. Accordingly, all clients of START AGAIN have the option of entering a systemic couple or family therapeutic process together with their partner or family members. In joint discussions, the structures and relationship patterns of the addict in the partnership or family he/she is involved in are analyzed and acquired in order to arrive at important reference points concerning the development, the maintenance and the therapy of the individual addiction problems. The goal of these systemic therapeutic discussions is to "shift existing points of stress in families and couples in the direction of a more mutually supportive framework, within which clients and family members gain the courage to orient themselves anew."[8]

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[8]   *START AGAIN*, Drug Therapy House, Maennedorf and Zurich, Concept (March 1995: 7).

A neurobiological interpretation of semiotics: meaning, representation, and information

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Abstract

The branch of semiotics called semantics deals with the relation between meanings and representations, widely known as the symbol grounding problem. The other branches of semiotics, syntactics which deals with symbol-symbol relations as in a dictionary, and pragmatics which deals with symbol-action paradigms as in traffic signs, are well done by computers, but semantics has eluded computer simulation. In my view, this is because computer programmers have neglected that aspect of Shannon's definition by which information has no meaning; computers process information, whereas brains create meaning. Brains obtain information about the world through the consequences of their own embodied actions. The information thus obtained is used in constructing meaning and is then discarded. One kind of information in the world consists of representations made by other brains for social communication. Computers use representations for information processing and symbol manipulation. However, brains have no internal representations. They deploy dynamic neural operators in the form of activity patterns, which constitute and implement meaning but not information, so that the problem of symbol grounding does not arise. Brains construct external representations in the form of material objects or movements as their means for expressing their internal states of meaning, such as words, books, paintings, and music, as well as facial expressions and gestures in animals and humans, but even though those material objects are made with the intent to elicit meaning in other brains, they have no meanings in themselves and do not carry meanings as if they were buckets or placards. Meanings can only exist in brains, because each meaning expresses the entire history and experience of an individual. It is an activity pattern that occupies the entire available brain, constituting a location in the intentional structure of a brain. It is the limited sharing of meanings between brains for social purposes that requires reciprocal exchanges of representations, each presentation by a transmitting brain inducing the construction of new meaning in the receiving brain. EEG data indicate that neural patterns of meanings in each brain occur in trajectories of discrete steps, which are demarcated by first order state transitions that enable formation of spatiotemporal patterns of spatially coherent oscillations. Amplitude modulation is the mode of expressing meanings. These wave packets do not represent external objects; they embody and implement the meanings of objects for each individual, in terms of what they portend for the future of that individual, and what that individual should do with and about them.

Introduction

Archeologists studying a petroglyph ask not only who did it and when, but what does it mean? They conclude that no one can really know what it means now, and that they can only speculate on the prior meanings in the minds of the makers and viewers. The lesson is that the petroglyph contains no meaning, even though it was made by humans with the intent to communicate meaning by evoking the formation of comparable meanings in other humans.

Engineers who want to make semantic machines are faced with the task of defining

electroencephalograms (EEGs)

Supposing that a mind can be defined as the functional collection of meanings in an individual, one biological approach to the problem of meaning is to study the evolution of brains, on the premise that animals have minds that are precursors of our own, and that their brains and behaviors tell us what essential properties are common to minds, theirs and our own.

Experimental measurements of brain activity (EEG) that follows sensory stimulation of animals show that sensory cortices engage in construction of activity patterns in response to stimuli [Freeman, 1975]. This operation does not correspond to that of filtering, storage, retrieval, or correlation. Each construction requires a first order state transition, in which a sensory cortex switches abruptly from one basin of attraction to another, thereby changing one spatial pattern instantly to another as in cinema frames. The transitions in the primary sensory cortices, visual, auditory, somatic and olfactory [Barrie, Freeman and Lenhart, 1996], are shaped by interactions with the limbic system, which establishes multimodal unity, selective attention, and the intentional nature of percepts [Freeman, 1999]. Interactions of the several sensory cortices with the limbic system occur in conjunction with goal-directed actions in time and space by reafference. Each cortical state transition is accompanied by synaptic changes throughout the forebrain that constitute learning, so that a unified and global trajectory is cumulatively formed by each brain over its lifetime. Each new spatial pattern appears to reflect the entire content of past and present experience [Skarda & Freeman 1987], which is the meaning in the brain at that moment.

The most important experimental finding is that the neuroactivity patterns in sensory cortex lack invariance with respect to repeated presentations of unchanging physicochemical stimuli that are fixed by an observer. Instead, the brain activity patterns are found to change slightly but significantly with any change in the values of the stimuli, such as by changing the reinforcement, or adding new stimuli [Freeman, 1992]. Numerous tests of this kind support the conclusion that the activity patterns reflect the value and significance of stimuli for animals. The data preclude understanding brain activity as revealing a memory bank from which stored representations can be retrieved, as predicted many years ago by psychologists [Bartlett, 1932]. Each pattern formed in response to the presentation of a stimulus is freshly constructed by chaotic dynamics in the sensory cortex, in cooperation with the limbic system, which provides feedback control enacting the regulatory processes of attention and intention. The direct interactions among the sensory cortices and their indirect interactions through the limbic system express the history and existing state of the animal more than the actual incident stimulus. The pattern cannot be a representation of a stimulus or even of the meaning of a stimulus. It is a global active state that is induced by a stimulus, and that provides a next step in the evolution of the brain in the growth of experience [Piaget, 1930; Thelen and Smith, 1994; Freeman, 1999].

The neural basis for intentional action

Creating a representation is an intentional act, beginning with the construction of patterns of neural activity in the limbic system. That an intentional action is a product of the limbic system has been shown by use of lesions and by comparative neuroanatomy and behavior. [Herrick, 1948; Freeman, 1995]. In mammals all sensory input is delivered to the entorhinal cortex, which is the main source of input to the hippocampus and is the main target of hippocampal output (Figure 2). Goal-directed, intentional action must take place in time and space, and the requisite organ for time and space matrices is the hippocampus, which is often misconstrued and mislabeled as a 'short term memory' and a 'cognitive map'. These terms are metaphors, not operators.

Hunger is an example of an emergent

meaning, which at present exists only in brains, and then with the task of learning how to make or cause meaning in machines, as shown by Tani [1996], Hendriks-Jansen [1996], and Clark [1997]. Requirements of analog models to simulate the chaotic dynamics of brains include global albeit sparse connectivity, continuous time dynamics, and distributed spatial functions in two-dimensional arrays of nonlinear integrators [Eisenberg, Freeman and Burke, 1989]. Digital hardware may suffice to emulate the biological functions of sensory cortex in brains by use of nonlinear difference equations as in KIII sets [Chang and Freeman, 1996; Shimoide and Freeman, 1995; Freeman et al., 1996], provided that problems of numerical instabilities, attractor crowding, and lack of shadowing trajectories [Freeman et al. 1997; Chang and Freeman, 1998] can be solved. A next step to machine intelligence may be to use a KIII model of a sensory cortex as an interface between the unconstrained real world, which is infinitely complex and ultimately unknowable in complete detail, and the finite state automata that constitute the main support for contemporary artificial intelligence. This interface derived from brain dynamics may well provide an artificial eye, ear, and nose for conventional computers.

However, this step will require addressing a major problem: the semantic relation between representation and meaning in brain function. Because the Shannon-Weaver information theory divorces meaning from information, it cannot apply to brains. This brief essay aims to sketch some of the principal elements of the problem, as a basis for indicating some possible pathways toward solutions, which have been more fully developed elsewhere [Freeman, 1999, 2000]. These pathways offer new insights into the biological basis of meaning as relations between brain states and behavioral actions, not between symbols embedded within syntactical systems like encyclopedias.

Communication by representations

Operational discreteness is essential for communication in dialogue. A pair of brains can act, sense, and construct in alternation with respect to each other, not merely as dogs sniff, but as two humans speak, listen, and hear. Consider brains **A** and **B** interacting (Figure 1), where A-B are parent-child, wife-husband, rabbit-dog, philosopher-biologist, neuroscientist-rabbit, etc. **A** has a thought that constitutes some meaning M(a). In accordance with this meaning, **A** acts to shape a bit of matter in the world (a trace of ink on paper, a vibration of air, a set of keystrokes on e-mail, movements of the face, limbs, etc.) to create a representation (a sign or symbol for humans but merely a sign for animals, in both cases, information) directed at **B**, R(b,a). **B** is impacted by this shaped matter and is induced by thought to create a meaning M(b). So **B** acts to shape a bit of matter in accordance with M(b) in a representation R(a,b), which impacts on **A** to induce M(a+1).

And so on. Already by this description there is implicit recognition of a discrete ebb and flow of conversation like recurrence of tides, so that meanings, M(i)'s as constructions of thoughts, become the internal active states, and the R(i,j)'s as forms of matter and energy become the external representations. By its material nature an external"re-presentation" can be used over and over. It cannot be said to contain or carry meaning, since the meanings are located uniquely inside A and B and not between them. Moreover, the same R's induces different meanings, M(i), in other subjects C who intercept the representations. The objects that are used to communicate are shaped by meanings that are constructed in **A** and **B** iteratively and induce the constructions of meaning in **B** and **A** alternately. If communication is successful, then the internal meanings will come transiently into harmony, manifested by cooperative behavior such as dancing, walking in step, shaking hands, exchanging bread, etc. Symbols persist as books and stone tablets, while brains fluctuate and evolve until they die.

Observations of

pattern of neuroactivity that expresses the brains' and bodies' requirements for metabolic fuel and building material. It does so by inducing a state transition in neural populations of the forebrain that are under the influence of sensory stimuli from the gut and from the brain's own chemical state chemoreceptors. Hunger's state transition is also shaped by neurohormones from nuclei in the brain stem. The consequent emergent pattern impacts the brain stem and spinal cord, leading to stereotypic searching movements that are adapted to the immediately surrounding world. Proprioceptive feedback from muscles and joints to the somatosensory cortex provides confirmation that the intended actions are taking place. The impact of the movements of the body on sensory input is conveyed to the visual, auditory and olfactory systems, where their sensory information is converted to perceptual constructs that incorporate the immediate multisensory stimuli along with reafferent messages (corollary discharges to sensory cortices of motor commands, which anticipate the impact on sensory input of the body movements of forthcoming intended actions), all in the context of prior learning. The perceptual constructs are transmitted to the limbic system, specifically to the entorhinal cortex, where they are combined to form Gestalts. When an animal detects an odor of food, it must hold it, move, take another sniff, and compare the two concentrations in order to decide which way to move next [Freeman, 1995, 1999]. The difference in strength has no meaning unless the animal has records of which way it had moved, when the samples were taken, and a basis for determining distance and direction in its environment. The same requirements hold for all distance receptors, so it is understandable that evolution has provided multimodal sensory convergence in order to perform space-time integration on the Gestalt, not on its components. These basic operations of intentional behavior are properties of the limbic system.

In the main description thus far, the flow of neural activity is counterclockwise (to the left outside the brain in Figure 2) through proprioceptive and exteroceptive loops. Within the brain there is a clockwise flow of activity constituting reafference (the leftward arrows from "motor" to "sensory" systems). When a motor act is initiated by activity that descends into the brainstem and spinal cord, the entorhinal cortex sends the same or a similar activity pattern to all of the sensory systems, prepares them for the impact of the movements of the body and, most importantly, sensitizes them to the motor action by shaping their attractor landscapes to respond quite selectively to the stimuli that are appropriate for the goal toward which the action has been directed. These corollary discharges have been associated with the sense of effort [Helmholtz, 1879], reafferent signals (von Holst and Mittelstaedt, 1950], efference copies [Sperry, 1950], and preafference [Kay and Freeman, 1998]. They provide a significant part of the process of attention.

Linear versus circular causality in self-organizing systems

The conventional view of sensory cortical function holds that stimuli activate receptors that transmit to sensory cortex through a linear causal chain, with the eventual outcome being a motor response to the initiating stimulus. However, modeling intentional behavior with nonlinear dynamics shows that the stimulus is typically not the initiating event. Rather, it is the search for the stimulus that initiates an event, arising in the limbic system from recurrent prior search and its results. This is circular causality at the macroscopic level of intentional behavior [Merleau-Ponty, 1942]. Much lower in the hierarchy of brain organization is the neuronal interaction within primary sensory cortices, which provides for the destabilization of their mesoscopic states under the impact of microscopic sensory input [Freeman, 1999]. The role of reafferent limbic modulation is to facilitate the transition from a prior basin of attraction to a new one that is appropriate for the current intentional state. The state transition is triggered by the sensory input, which activates a previously learned nerve cell assembly that

is made of a small subset of cortical neurons. Access to the proper basin in which the cortex is placed is facilitated by the shaping of the attractor landscape of the cortex, which may be analogized to the expansion of the desired basin of attraction in the manner of Voronoi diagrams [Tipper, 1991. This causal chain is also circular because the new state governed by a goal-dependent attractor is created by the neurons that are governed by the global process. This is how the stimulus-dependent neural activity of a few neurons can trigger a state transition, which then allows the entire domain of the primary sensory cortex to transit to an appropriate pattern, which, in the words of Hermann Haken (1983), "enslaves" the whole set of cortical neurons by its action as an "order parameter". This form of active state has been characterized by Ilya Prigogine (1980) as a "dissipative structure", in that it constitutes the "emergence of order out of chaos" through the expenditure of metabolic energy.

The similarity of the properties of neural activity in the limbic system to those in the primary sensory cortices [Freeman, 1999] indicates that populations of limbic system neurons also maintain global attractors that are accessed by nonlinear state transitions. This is the mechanism that is responsible for the genesis of both motor patterns that control goal-directed actions and the reafference patterns that prepare the sensory cortices for the consequences of those actions.

A hypothesis about the relations of meanings and representations

The idea proposed here is that external representations are formed by the counterclockwise forward flow [left to right inside the brain in Figure 2] of neural activity that emerges at the microscopic level in motor neuron discharges and muscle contractions, which are coordinated at the mesoscopic level by interactions of neurons and neuronal populations. This global patterning places the motor systems of the brainstem and spinal cord into appropriate basins of attraction formed by

prior learning, while at the same time through reafference effecting a change in the sensory inflow in accordance with goal-directed expectation. The construction of an external representation through an ordering of the control system of the musculoskeletal apparatus is a social action. It is aimed to project specific forms of matter and energy onto the sensory apparatus of other intentional beings, so as to elicit specific patterns of receptor discharge in their senses that are transmitted to their sensory cortices, thereby placing them into desired basins of attraction in landscapes formed by prior, shared learning.

The form that is given to the action-based external representation is determined by the meaning that has already been developed in the limbic system of the transmitting agent. This internal structure, which is often referred to (wrongfully, I beleive) as an 'internal representation', is dependent on backflow [right to left inside the brain in Figure 2] of neural activity that serves as an order parameter, modulating and shaping neural activity patterns in the sensory cortices. A concomitant process of construction occurs in the receiving agent, but the resulting pattern of meaning is not the same as the meaning pattern in the transmitting agent, owing to the differences between individuals in their histories. Neither meaning pattern has the same form as that of the external representation. The fundamental difference in the nature of the internal and external patterns gives sufficient reason to avoid calling the meanings 'internal representations'.

It is noteworthy that sensory cortical populations transmit patterns of meaning continually, both before and after expected inputs have been transmitted and received, as well as whether or not expected stimuli have arrived. Therefore the meanings created through the constructions of unified sensory Gestalts encompass failures as well as successes in social communication, such as the absence of an expected sensory input, the misconstrual of meaning, or the outright creation of bogus patterns as in hallucinations and drug-induced fantasies.

I also infer that an organism that constructs and transmits representations cannot know their meanings until their sensory consequences have been delivered to its own limbic system. More generally, a poet, painter, or scientist cannot know the full meaning of his or her creation until after the act has been registered as an act of the self, nor until the listeners and viewers have responded with reciprocal representations of their own, each with meaning unique to the recipient.

Conclusion

Why do brains work this way? Animals and humans survive and flourish in an infinitely complex world despite having finite brains. Their mode of coping is to construct hypotheses in the form of neural activity patterns and to test them by movements into the environment. All that can be known is that which has been constructed, tested, and either accepted or rejected [Piaget, 1930; Merleau-Ponty, 1942; Freeman, 1999]. The same limitation of knowledge is currently encountered in the failure of machines to function in environments that are not circumscribed and reduced in complexity from the real world. Truly flexible and adaptive intelligence cannot operate in the real world without the construction of meaning. Since each meaning is defined as a place in the intentional structure of an individual, and since each individual is unique, the creation of shared meaning in a society of individuals is a complex and never-ending process of training in the construction of one's own representations, and education in the perception and interpretation of the representations of others. The ultimate test of the degree to which meanings are shared is the extent to which socially effective, conjoint actions can be sustained, based in the shared information disseminated by broadcast representations. That is the role of semiotics.

This global order parameter or operator by which meaning is constructed may be regarded as a mechanism supporting the emergence of consciousness, which in the neurodynamic view is a global internal state variable comprised of a sequence of momentary states of awareness [Freeman, 1995; Hardcastle 1995]. Its regulatory role can be compared to that of the operation of a thermostat, which determines the difference between the sensed temperature and a set point, and initiates corrective action by turning a heater on or off. The machine state variable has a very brief history and no capacity to learn or determine its own set point, but in principle is the same: the internal state is a form of energy, an operator, a predictor of future states and actions, and a carrier of meaning that is available to the system as a whole. The operation of such a simple feedback device is prototypic, an evolutionary precursor, not to be confused with animal states of awareness, any more than tropism in plants and bacteria is to be confused with intentionality. However, there is no reason in principle to preclude the development of hardware systems that embody the dynamics by which animals and humans construct meaning. Certainly such devices will require prolonged education through their equivalent childhood and adolescence.

Another necessary condition for success will be to endow such systems with the capacity to make and deploy representations, so that observers can determine whether the operations and patterned contents of the internal global state variables in the devices have achieved the construction of meaning. Such semiotic exchanges between observers and their devices would constitute the experience of social communication, much like that between humans and simpler animals. Whether the devices could be considered to be conscious would be a sociolegal matter for courts of law to decide, not a problem for scientific analysis or proof [Freeman, 1995].

Acknowledgment

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Representation A

Meaning A → Meaning B

Representation B

Figure 1

DYNAMIC ARCHITECTURE OF THE LIMBIC SYSTEM

| RECEPTORS | ← | ENVIRONMENT | ← | SEARCHING |

MOTOR LOOP

PROPRIOCEPTIVE LOOP

BODY

REAFFERENCE LOOP

CONTROL LOOP

| ALL SENSORY SYSTEMS | ENTORHINAL CORTEX | ALL MOTOR SYSTEMS |

SPACETIME LOOP

HIPPOCAMPUS
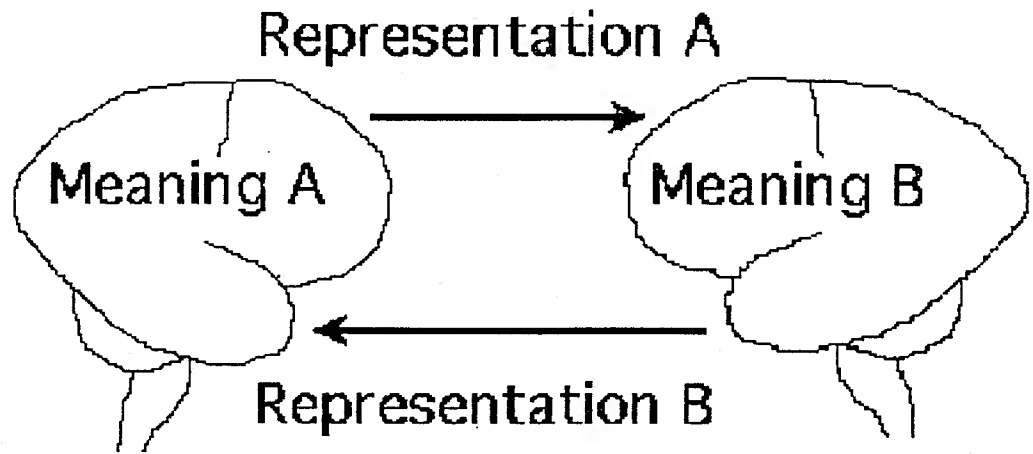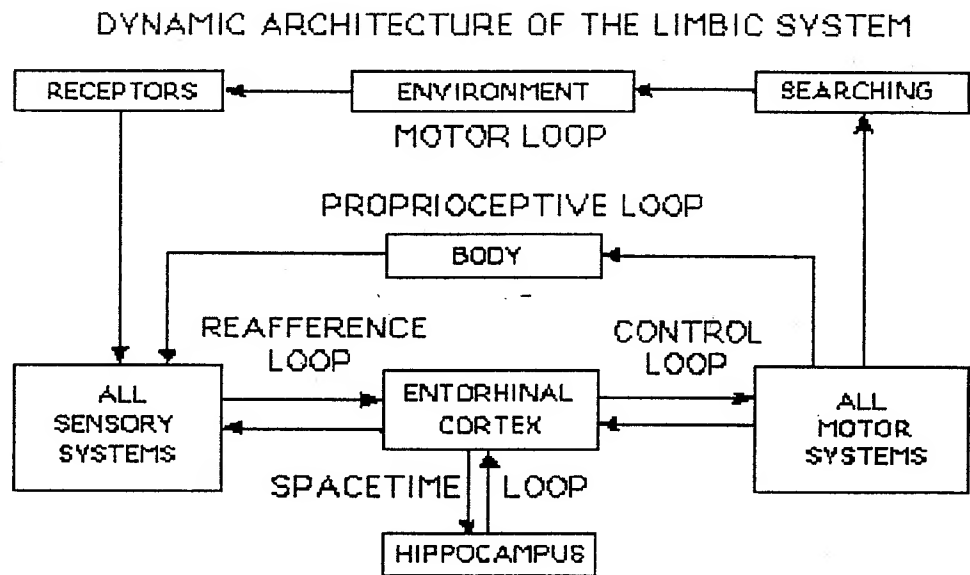
Figure 2

Emotion is Essential to All Intentional Behaviors

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Abstract

Emotion is defined as a property of intentional behavior. The widespread practice of separating emotion from reason is traced to an ancient distinction between passive perception, which is driven by sensory information from the environment, and active perception, which begins with dynamics in the brain that moves the body into the environment in search of stimuli. The neurodynamics of intentional behavior is reviewed, with emphasis on the limbic system that controls the autonomic and neuroendocrine systems in the brain and body, directing them for the support of the musculoskeletal system that is executing the behavior. An essential part of intentionality is learning from the sensory consequences of one's own actions. The perception of emotional states through awareness involves global states of cooperative activity in the forebrain, which have internal contributions from the many parts of the brain that join in making these states, and inevitably there are contributions from the sensory systems of the body that implement and signal emotional states. The distinction between "rational" versus "emotional" behaviors is made in terms of the constraint of high-intensity chaotic activity of components of the forebrain by the cooperative dynamics of consciousness versus the escape of subsystems owing to an excess of chaotic fluctuations in states of strong arousal.

Introduction

The problem of understanding emotion has emerged as one of the major challenges for the social, psychological, and psychiatric disciplines. The root of the problem goes very deeply into the history of Western science and philosophy, whence came the primary assumptions that people of European origin use to explain the nature of mind, and how the mind relates to the body and to the world through learning. A singular clue to the form of one of these assumptions is provided by the distinction often made between emotion and reason. This is a "common sense" notion used to explain the motives of observed behaviors. Motives are reasons that explain the actions we witness with respect to the state of mind of the perpetrators. In this philosophical interpretation, actions stem either from reasoned judgments of available options in the light of self interest or the greater good, or they are based in an internal force that is out of conscious control and beyond rational choice - blind emotion.

An alternative view, one that I will elaborate here, holds that because this dichotomy treats emotion as bad and reason as good, it fails to recognize them as properties of a larger whole. All actions are emotional, and at the same time they have their reasons and explanations. This is the nature of intentional behavior. I will begin with a historical review of the philosophical grounds in which this dichotomy arose and will follow that review with a description of brain function in the genesis of intention through the nonlinear dynamics of neural populations. I will conclude with some remarks on the interrelation of consciousness and emotion, in an attempt to recast the distinction between rational and emotional people in the light of neurodynamics.

Plato, Aristotle, and Aquinas

A major cleavage that fuels debates on the nature of mind derives the ancient Greeks: Is perception active or passive? According to Plato it was passive. He drew a distinction between intellect and sense, both being immaterial and belonging to the soul. The intellect was born with ideal forms of objects in the world, and the senses presented imperfect copies of those forms. For each object the intellect sought the corresponding subjective ideal form through the exercise of reason. Thus the experiences from the world of objects and events were passively impressed onto the senses. According to Aristotle it was active. There were no ideal forms in the mind. The organism moved in accordance with its biological destiny, which was initiated by the Prime Mover (God). The actions of the intellect were to define and seek objects with its sensorimotor power, and with its cogitative power to construct forms of them by abstraction and induction from the examples that were presented by the senses. The forms of mental contents from stimuli were inscribed by the intellect with its mnemonic power onto an initially blank slate, the "tabula rasa". Emotion was treated in both systems as an aspect of the animality of man, the rational animal, which was a residue of corporeality that was to be subjugated by reason.

In the early Middle Ages the Platonic view was dominant through the work of St. Augustine. In the 13 Century St. Thomas Aquinas transformed the Aristotelian view of biological destiny to intention ("stretching forth") by distinguishing the Christian will from largely unconscious striving, and by conceiving the imagination ("phantasia") as the source of the endogenous forms of percept ion. He had this to say in his "Summa Theologica" (Aquinas, 1272) about the nature of intentionality, as he defined it to include other animals as well as man:

Q12 Of Intention

"A1: Whether intention is an act of the intellect or of the will? Intention, as the very word denotes, means to tend to something. Now both the action of the mover and the movement of the thing moved tend to something. But that the movement of the thing moved tends to anything is due to the action of the mover. Consequently intention belongs first and principally to that which moves to the end; hence we say that an architect or anyone who is

outward movement. It is the "stretching forth" of intentionality, which is seen in primitive animals preparing to attack in order to gain food, territory, resources to reproduce, or to find shelter and escape impending harm (Panksepp, 1998). The key characteristic is that the action wells up from within the organism. It is not a reflex. It is directed toward some future state, which is being determined by the organism in conjunction with its perceptions of its evolving condition and its history. This primitive form of emotion is called "motivation" or "drive" by behaviorists. These are bad choices of terms, because they confuse intention, which is action that is to be taken, with biological imperatives such as the need for food and water, which are the reasons and explanations for the actions. Behaviorists (passivists) treat behaviors as fixed action patterns released by stimuli from the environment, and they cannot explain phenomena such as curiosity, self-improvement, and self-sacrifice. Their terms are also commonly conflated with arousal, which is a nonspecific increase in the sensitivity of the nervous system, that need not be locked into any incipient action. In other words, the concepts of motivation and drive lack the two key properties of emotion, which are endogenous origin and intentionality, and I propose to avoid using them.

At a more physiological level, emotion includes the behavioral expression of internal states of the brain. The behaviors that are directed through interactions with the world toward the future state of an organism predictably require adaptations of the body to support the intentional motor activity. These preparations consist of taking an appropriate postural stance with the musculoskeletal system, and mobilizing the metabolic support systems. The latter include the cardiovascular, respiratory, and endocrine systems, that will be called upon to supply oxygen and nutrients to the muscles, to remove the waste products of energy expenditure, and to facilitate oxidative catabolism. It is the directedness of these preparations in the positioning of the body, the heightening of respiration, the twitching of the tail, and so on, that reveal to observers the emergence of the likelihood of approach, attack or escape.

Among social animals that live in packs and tribes, these preparatory changes in the body of an organism have become, through evolutionary adaptation, external representations of internal states of meaning and expected action. The display of panting, pawing, stomping the ground, erecting the hair or sexual organs, or moving the face or limbs can serve as signals from each organism to others in its surround (Darwin, 1872). For that to occur a basis must have been formed by previous shared experience, which requires prior intentional learning for coordinated behaviors among the members of that society. This aspect of emotion is called social communication.

At a more complex level, emotions are experiences. They are the feelings that accompany the emergent actions that address the anticipated futures of gain or loss in one's attachments to others, one's livelihood and safety, and the perceived possibility or impossibility of changing the world to one's liking or advantage: joy, grief, fear, rage, hope and despair. Though we associate them with objects in the world, these feelings, which philosophers call qualia, are internally derived and do not belong to those objects, such as the sweetness of fruit, the repugnance of carrion, the inviting softness of velvet, and so on.

The mechanisms of these feelings remain in dispute. The physiologist Walter Cannon, in the passivist-materialist tradition, identified them with the activity of neurons in the head ganglion of the autonomic nervous system, which is in the hypothalamus. The psychologist William James (1890), in the activist-pragmatist tradition, proposed that the feelings were sensed after the fact, so to speak, through the changes in the body that were made by the activity of the autonomic nervous system, such as the sinking of the stomach, which is known to occur in states of fear, the bristling of hairs in the skin, the pounding of the pulse, the flushing of the face, and so on. Physiologists view these feelings as epiphenomena. Pragmatists see them as integral parts of the ongoing interaction between one's self and one's social environment. Through these bodily processes one becomes aware of one's emotional state, and, through those signals, one's friends can typically become aware of that state at the same time as one's self. The perception of one's own action and state, and of the states and actions of one's friends, shapes the basis for one's own next action. It

is neither necessary nor feasible to separate the expression of autonomic states and one's perceptions.of them in the intentional loop. They evolve as an organic whole.

The perception of feelings requires the process of awareness. Behavior without awareness is called automatic, instinctive, unthinking, and implicitly cognitive. Acting in accustomed roles, engaging in highly practiced sports routine, and driving a car are examples. Are they emotional? Competitive sports and dramatic performances are obviously so. Evidence that driving a car is intensely emotional is found in the frenzy of concern that a fuel shortage causes, and in the lavish care that many owners give their machines, even in priority over their families. A behavioral action cannot be distinguished as rational or emotional by judging whether the actor is or is not aware of his or her behavioral state and action.

The most complex level of emotion involves social evaluation and assignment of responsibility for actions taken. In the classical Platonic view, in which reason is apposed to emotion, actions that conform to social standards of considerate, productive behavior are said to be rational. Actions that appear to lack the prior logical analysis called premeditation, and that bring unwanted damage to one's self and others in one's community, are said to be emotional. Yet both kinds of actions are emotional and intentional, in that both emerge from within the individual and are directed to short- or long-term goals. They clearly differ from one another. The biological basis for that difference lies in the self-organizing properties of brains through which actions are constrained or deferred by a global self-organizing process. We experience that neurodynamic process through being aware or conscious. But consciousness does not generate emotion. It has much more to do with the control of emotion, and in that respect is closely akin to its predecessor, conscience ("knowing together").

Understanding emotion at all of these levels depends on an answer to this prior question. How do intentional behaviors, all of which are emotive, whether or not they are conscious, emerge through the self-organization of neural activity in even the most primitive brains?

The architecture of stimulus-response determinism

Most people know the appearance of the human brain, because it has so often been displayed in popular publications, owing to widespread interest in brain imaging during normal human behavior. This knowledge can serve to highlight the differences in emphasis between the passivist-materialist-cognitivist view of the brain as an input-dependent processor of information and representations (Figure 1), and the activist-existentialist-pragmatist view of the brain as a semi-autonomous generator of goal-directed behavior (Figure 2).

In the materialist and cognitive conceptions, the starting point for analysis is assigned to the sensory receptors, either in the skin (as shown by the *), eyes, ears or other portal at which information from the world is transduced from energy to action potentials. Bundles of axons serve as channels to carry the information to the brain stem, where it is processed through nuclear relays and converged into the thalamus (upward arrows), which is a central sensory clearinghouse at the top of the brain stem. The information is already subdivided by the receptors in respect to its features, such as color, motion, tonal modulation, and so on. The thalamus sorts it for transmission to small areas within each of the primary sensory cortices, which are specialized to deal with their designated kinds of information. Most of the channels have some degree of topographic order, so that the information is said to be mapped from the sensory arrays into each of the small cortical areas.

Within the thalamus, each relay nucleus inhibits the other nuclei. This is called competitive inhibition. The nucleus that is most strongly excited is said to suppress the others around it. These others, being inhibited, fail to inhibit the excited nucleus, so it is sure to fire. This process is also called winner-take-all. It is thought to select information for transmission to the cortex in the process of selective attention. The hinge that squeaks the loudest gets the oil.

The sensory input is believed to excite receptor neurons, whose pulses represent the primitive elements of sensation that are called features. These representations of features are combined into representations of objects, when they are transmitted from the primary sensory cortices to adjacent association areas. For example, the integration of lines and colors might image a face, a set of phonemes might form a sentence, and a sequence of joint angles and tissue pressures might represent a gesture. The representations of objects are thought to be transmitted from the association cortices to the frontal lobes, where objects are assembled into concepts, and meanings and value are attached to them.

The architecture of the motor systems is similar to that of the sensory systems in respect to topographic mapping, both in the cerebral cortex and in the cerebellar cortex. Working backward from the muscles along the downward arrows in Figure 1, the final central relay in the outgoing channels is provided by pools of motor neurons in the spinal cord and brain stem. These are driven by networks of neurons in the basal ganglia, which include a part of the thalamus. At the crest of the chain is the motor cortex in the frontal lobe, which maintains a topographic map of the musculoskeletal system. The motor cortex in turn is controlled by the premotor and supplementary motor areas that lie progressively more anteriorly. In this view the frontal lobes are the site of selection and organization of motor activity in accordance with the objective perception of sensory input. It is there that the rational information processing selects the appropriate motor commands that are to be issued through the motor cortex. Emotion is added to color the output commands by side channels that include the amygdaloid nucleus, which is well known for its involvement in emotional behavior. Studies initiated 60 years ago by Klüver and Bucy (1939) showed that bilateral amygdaloidectomy produced hyperorality and hypersexuality and reduced tendencies to violent behavior in monkeys. The findings led some neurosurgeons to apply the operation in humans to curb violent behavior in adults (Mark and Ervin, 1970) and to diminish hyperactivity in children (Narabayashi, 1972). Extensive experience was then accumulated on the effects of stimulation in humans (Eleftherion, 1972; Mark, Ervin and Sweet, 1972). This structure has recently been given emphasis by imaging studies of the emotion of fear. In fact, the amygdala is involved in the expression and experience of all emotions, but it is much more difficult to elicit and control love, anger, jealousy, contempt, pity, and so forth in subjects who are immobilized in the machinery that is required for functional brain imaging. Sex is problematic, because of the requirement that subjects not move, and the puritanical attitudes about masturbation in public.

The pathways indicated by the arrows in Figure 1 for the transmission of sensory information about objects and the motor commands sound complicated, but the interpretations are based on straight-forward engineering concepts. They are, in fact, models that are very well supported by experimental measurements of the pulse trains of neurons in response to well-designed stimulus configurations. However, these models lead to a number of unsolved problems. First, the thalamic winner-take-all mechanism fails to account for expectancy, in which attention is directed toward a stimulus that is not yet present. Second, the corticocortical pathways that link the primary sensory cortices to the frontal lobes are well documented, but no one knows how the features in the small specialized maps are combined to represent objects, or even how an object is defined. How are the elements, sometimes called "primitives" by cognitivists, combined to obtain a table and a chair rather than a chairtable? This is known as the binding problem (Hardcastle, 1994). It is unsolved. Third, the role of the limbic system is underplayed and misrepresented. It is known to be involved with, even required for, spatial navigation, the formation of explicit memories, and the coloring of motor responses with emotions. The neural mechanisms by which the limbic system performs these functions are bundled into "higher functions" that are to be analyzed after the problems of cognition have been solved. Fourth, olfaction does not fit within these architectures and is widely ignored.

The architecture of intentional action

In the activist-pragmatist view (Figure 2) the organization of the primary sensory and motor systems, which include the receptors, the muscles, and the dedicated areas of cortex, is accepted as outlined in the preceding section, but the starting point for analysis is assigned to the limbic system (*), not the sensory receptors. This is because perception is defined as a form of intentional action, not as a late stage of sensation. The consequences of this change in perspective include reassigning the pivotal roles of the thalamus and the frontal lobes to the limbic system.

In primitive vertebrates the limbic system comprises the entire forebrain, including naturally both cortical and subcortical structures as in all definitions of "limbic". The various goal-directed activities that these free-ranging animals sustain clearly support the assertion that these animals have limited forms of intentional action.. In the human brain the vast enlargement of the neocortical lobes makes it difficult to see that the primitive components have not only persisted, but have become enlarged. For example, topologically the hippocampus still occupies part of the surface of each cerebral hemisphere, but the folding and twisting of the hemisphere during its embryological growth relocates it, so it now seems buried deeply within the brain. Although it is only one part of a distributed system of modules comprising the limbic system, its central location and characteristic cellular architecture make it a useful focus for understanding limbic dynamics. In metaphorical terms, it is more like the hub of a wheel than the memory bank or central processor of a computer.

Whereas in the salamander and other primitive vertebrtes (Herrick, 1948) the hippocampus receives input directly from the primary sensory areas, in humans and other mammals there is a collection of intervening cortical areas which feed into the entorhinal cortex. These stages include the inferotemporal cortex receiving visual input, the cingulate gyrus receiving somatic and other parietal input, the superior temporal gyrus receiving auditory input, the insula receiving visceral input, and the orbital frontal region transmitting via the uncinate fasciculus. The entorhinal cortex is the main gateway to the hippocampus. It is also the main target for hippocampal output by way of the subiculum and parahippocampal gyrus, so the two modules constantly communicate between each other. They occupy the medial temporal lobe of each hemisphere, along with the amygdaloid nucleus, the orbital striatum, and the tail of the caudate nucleus.

The most remarkable feature of the entorhinal cortex is that it not only receives and combines input from all of the primary sensory areas in the cerebral hemisphere, and it sends its output back again to all of them, after its previous activity has been integrated over time in the hippocampus. This reciprocal interaction in mammalian brains is carried out through multiple synaptic relays to and from all sensory and motor areas of neocortex. Other pathways support direct interactions between pairs of these areas, but the most significant aspect of limbic architecture is the multisensory convergence and integration that underlies the assembly of multisensory Gestalts, mediates spatial orientation, and provides the basis for recall of explicit memories (Clark and Squire, 1998).

This architecture of the limbic system is schematized in Figure 3 as a set of nested loops. The loops have been simplified deliberately by lumping together many subsidiary components and lesser loops, in order to show the forest, not the trees. At the core is the spacetime loop, which represents the interaction of the hippocampus with the adjacent neocortex, mainly the entorhinal cortex. There are two outstanding properties of this spacetime loop. First, the hippocampus has been shown experimentally to be deeply involved in the orientation of behavior in space and in time. Cognitivists attribute these functions to "place cells" (Wilson and McNaughton, 1993). These are neurons that fire pulses whenever an animal orients itself in a particular place or direction in its field of action, so they are conceived to provide spatial information for navigation.

Cognitivists believe that the hippocampus maintains a cognitive map (Tolman, 1948) and a short term memory bank, which serve to represent the environment as a part of the world picture within each animal. Pragmatists hold that there is no representational "map" in the brain, but that the hippocampal neurons maintains an experience-dependent field of synapses among its neurons. This field continually shapes and revises the action patterns that form under the interactions of the

limbic system with other modules in the brain, as the animal moves through its environment. Every intentional act takes place in space through time. The space is the personal realm in which the organism has moved in previous explorations and now continues to move toward its immediate goals. The time is the personal lapse that every movement in space requires, and that orders each sequence of past, present and expected states (Hendriks-Jansen, 1996; Tani, 1996). Intentional action cannot exist without this learned framework, but it is a dynamic operator, not a repository of facts or geometric forms.

We experience this kind of navigation in our first exposure to a new city, when we can get from a hotel to a bus station by rote but not by an optimal plan. Similarly there is no global abstraction by which a machine might know where it is and where it wants to go. Humans have the high level capability for expanding and elaborating the field of action by virtue of the frontal lobes, and we experience that as having foresight, but we cannot infer that road atlases or decision trees reside there or in the hippocampus, except in a metaphorical sense. The important point here is that perception is action that is directed through space and time, and the limbic system provides that organization of action with respect to the world.

The second salient property of this spacetime loop is that the neural populations within its modules have the same and similar kinds of interconnections and interactive dynamics as those in the primary sensory cortices. The EEGs generated by these structures have similar wave forms in time and space, and they show similar kinds of change with behavioral and brain states as do the sensory cortices. In the language of dynamics the populations comprising the spacetime loop construct and maintain an array of "attractors". What this means is that the limbic system has some preferred patterns of activity, which tend to recur like good or bad habits or thoughts. Each pattern is governed by an "attractor" with a "basin" of attraction, called that in analogy to a ball rolling to the bottom of a bowl to which it is "attracted". The basin is defined by the full range of conditions of the brain in which the pattern emerges. A collection of patterns is governed by an "attractor landscape", in analogy to a set of bowls, such that the limbic system can only be in one at a time, but it can jump from one bowl to another, hence from one attractor to another. Each jump is the occasion of an instability. That is, the brain is continually changing its state, because it is volatile and unstable. Again, there are some preferred pathways among the basins, which leads to the idea of a pathway or "trajectory", which supports a habitual pattern of thought and behavior. That emerges as a sequence of briefly stable patterns, each giving way to the next after its brief moment of life, coming to awareness as a chain of movements or a familiar train of thought.

Each attractor provides for a certain brain state, and the jump from one state to another is called a state transition. These states recur at a rate of 3-7 per second in the manner of a motion picture film. That is a characteristic frequency of hippocampal EEG called "theta activity", which is provided by neuron populations in the septal nuclei and regulated by the brain stem. The spatiotemporal patterns result from the self-organizing dynamics within the spacetime loop (Freeman, 1992). They are shaped and modulated by the feedback from the larger loops in which the spacetime loop is embedded, but the locus for the critical instabilities that shape the trajectory is located in this core of the limbic system. It is the organized and fruitful evolution of limbic patterns through chaotic instabilities that governs the flow of intentional action (Freeman, 1995).

The dynamics of the motor control loops

The bulk of entorhinal output goes either to the hippocampus or back to the sensory cortices, but some of it enters into the motor systems. Similarly the bulk of hippocampal output goes back to the entorhinal cortex, but some of it also goes directly downstream. These arrangements reflect a general principle of brain organization, that the larger fraction of the output of each module goes back directly or indirectly to the module from which it gets its input, and only a smaller fraction goes onward.

There are two main motor systems that receive and respond to limbic activity, and that feed back reports about their contributions. In the lateral side of each hemisphere in the forebrain a main target is the amygdaloid nucleus already mentioned. The downward component of its outflow is directed toward the motor nuclei in the brain stem and spinal cord (Figure 1) that control the musculoskeletal system through what is called the "lateral forebrain bundle". In the medial side of each hemisphere the main targets are the septum, accumbens nucleus and hypothalamus, with relays into the ventral tegmental area, all of which control the autonomic and neuroendocrine chemical and metabolic supports for the musculoskeletal system through what is called the "medial forebrain bundle". These autonomic and hormonal supports are involved in all emotional expressions, not only in the periphery where their effects are visible to everyone, but also inside the brain itself. The internal ascending pathways from the brain stem that diverge broadly through the cerebrum are well documented. A more recent development is a better understanding of how brain tissues use neurohormones to regulate their own blood supply. The consequences of the changes that these systems bring about in the function of the body cannot fail to alter the sensory input from the proprioceptor neurons in the muscles and the interoceptor neurons in the viscera, which operate concomitantly with the exteroceptor neurons in the eye, ear and skin, and continually influence the somatosensory areas of the forebrain, including the thalamus and cortex. Considering the rapidity with which an emotional state can emerge, such as a flash of anger, a knife-like fear, a surge of pity or jealousy, whether the trigger is the sight of a rival, the recollection of a missed appointment, an odor of smoke, or the embarrassing rumble of one's bowel at tea, the occasion is best understood as a global state transition involving all parts of the brain and body acting in concert. Of course, onsets can also be gradual. However, this description of the dynamics does not yet serve to distinguish between, for example, the quale experienced in aerobic exercise from the quale of hot pursuit. There is more to emotion than the limbic system.

What role does the motor cortex in the frontal lobe have in this schema? The limbic output goes from the amygdaloid nucleus into other parts of the basal ganglia, and from the hypothalamus into the thalamus. By these routes limbic control is broadly established in the frontal lobe, which is motor in two senses. In the narrow sense the primary motor cortex (Figure 1) controls the position of the limbs, and also of the head and eyes to optimize the sensory inflow in accordance with the goal-directed actions that are initiated in the limbic system. It does not initiate the actions nor formulate their intents.

In the broad sense the frontal lobe constructs and elaborates the predictions of future states and possible outcomes toward which intentional action is directed. In primitive animals there is little or no frontal cortex, and their intentional action is correspondingly impoverished. Even in cats and dogs, and in large-brained animals such as elephants and whales, the frontal lobe comprises only a small fraction of each hemisphere. These animals are short-sighted and have brief attention spans. The great apes presage the emergence of the dominance of the frontal lobes in humans. Two aspects are noteworthy. The dorsal and lateral areas of the frontal lobe are concerned with cognitive functions such as logic and reasoning in prediction. The medial and ventral areas are concerned with social skills and the capacity for deep interpersonal relationships. These contributions can be summarized as foresight and insight. The frontal lobe guides and elaborates intentional action but does not initiate it. In respect to emotion, it provides the operations that distinguish between pity and compassion, pride and arrogance, humility and obsequiousness, and so on in an incredible range of nuances of feelings and values. The tale has often been told, most recently by Damasio (1994) of the emotional impoverishment of Phineas Gage by damage to his frontal lobes.

A remarkable feature of the human brain is a fact that embodies the principle noted above of the dominance of feedback (recursion, re-entry, self-activation) in brain architecture. This is immediately apparent on inspection of the organization of neurons in all parts of the brain. Each neuron is embedded in a dense fabric of axons and dendrites, which is called "neuropil", in which its thousands of connections form. Most of the connections for each neuron are from others in its

neighborhood, but about 10% come from distant structures. For example, the frontal lobes provide about 80% of the descending axons from the forebrain into the basal ganglia and brain stem, but only a small fraction reaches the motor nuclei. Virtually all of the output of the basal ganglia goes back to the cortex, either directly or through the thalamus. Virtually all of the output of the brain stem goes back to the cortex, through the thalamus or the cerebellum. These massive internal feedback pathways are crucial for learning, practice, rehearsal, and play in forming the detailed structure of experience, which is the history of the organism that provides the wholeness and richness of texture that is unique to each individual. This texture provides the unique quale of emotion in each of us, which is our inner experience of impending action. If the classes of such action are reduced to the dichotomy of approach versus avoidance, then the experience of feeling can be reduced to the bivalence of pleasure versus pain, but that simplification leaves out the options of deferring action, of declining to act, of weaseling around in search of angles, or perhaps of just seeking more information. Curiosity can inspire growing dread of what will be found. Who can stop before it is too late?

Undoubtedly these large, strongly interconnected populations have the capacity for self-organizing nonlinear dynamics, comparable to those of the primary sensory and limbic modules. They are active participants in shaping the complex behaviors in which humans excel, far beyond the capacities of even our closest relatives among the great apes. What is important in this context is the dynamics that we share with our closest and also our more distant relatives (Darwin, 1872). The essential insights we need to explain the dynamics are most likely to come from measurements of the limbic activities during normal behavior.

The neurohumoral dynamics of emotions

An essential part of the motor systems is found in the brain stem of all vertebrates, from the simplest to the most advanced. This a collection of nuclei with neurons that are specialized to secrete types of chemicals that are called neuromodulators. Whereas neurotransmitters are chemicals released at synapses that immediately excite or inhibit the postsynaptic neurons, the neuromodulators enhance or diminish the effectiveness of the synapses, typically without having immediate excitatory or inhibitory actions of their own, and typically effecting long-lasting changes in the strengths and durations of synaptic actions. The nuclei are arranged in pairs on both sides of the brain stem, extending from the hindbrain into the base of the forebrain, everywhere embedded in the core of the brain stem, the centrencephalic gray matter, the reticular formation (Magoun 1962).

These nuclei receive their input from many parts of the sensory and motor systems of the brain. Most important is the limbic input to these nuclei that modulates the emotion of intentional action. There are several dozen neuromodulators, which are grouped in two main classes based on their chemical structure: the neuroamines and the neuropeptides (Panksepp, 1998; Pert 1997). The axons of these modulatory neurons typically branch widely and infiltrate among neurons the neuropil without making terminal synapses. They secrete their chemicals that permeate throughout both cerebral hemispheres. Their actions are global, not local. This functional architecture is a major determinant of the unity of intentionality, because the entire forebrain is simultaneously affected by the action of each pair of nuclei. To some extent the differing nuclei interact by competitive inhibition, which may enhance winner-take-all capture of the forebrain by the nuclei.

The types of modulation include generalized arousal by histamine; sedation and the induction of sleep by serotonin; modulation of circadian rhythms by melatonin; the introduction of value by the reward hormone cholecystokinin, CCK; the relief of pain by the endorphins; the release of aggressive behavior by vasopressin; the enabling of the appearance of maternal behavior by oxytocin; and the facilitation of changes in synaptic gains with imprinting and learning by acetylcholine and norepinephrine (Gray, Freeman and Skinner, 1986), which is crucial fore updating intention in the light of the consequences of previous actions; and dopamine that is

involved with control of energy level and of movement as in exploratory behavior and the initiation of new projects (Panksepp, 1998).

The changes in synaptic strengths with learning, as mediated by neurohormones, are not restricted to a particular sensory modality or motor system, where a particular conditioned stimulus (CS) evokes a particular conditioned response (CR). In conformance with the unity of intentionality the changes occur everywhere in the forebrain that the simultaneous activity of pre- and postsynaptic neurons meets the conditions for Hebbian learning, in which the strength of synapses is modified by the activities of the neurons simultaneously on both sides of the synapse.   They are also cumulative, which meets the requirement for continuing additions to the personal history constituting the evolving wholeness of intentionality. When a new fact, skill or insight is learned, the widespread synaptic changes knit the modification into the entire intentional structure of meaning that is embedded in the neuropil.

Neuromodulators combine their actions in the states of people and animals that we describe in terms of mood, affect, mania, depression, and so on.   It is not clear how these complex interactions take place, or how the modulators are related to specific emotions of individuals, as they are experienced through awareness, but it is certain that all of them are involved in expressing emotions and learning from experience.

The dynamics of the preafference loop

When internally organized action patterns radiate from the limbic system, they are not packets of information or representational commands as empiricists or cognitivists would describe them. They are solicitations to other parts of the brain to enter into cooperative activity, by which the spatiotemporal patterns of both the initiator and the co-participants engage in a kind of communal dance. The linking together in a global pattern is not a directive, by which the limbic system imposes a predictive schema onto the motor systems. It is a process of evolution by consensus, in which each of the sensory and motor modules makes its unique contribution.   Each sensory module provides a porthole through which to view the world, which is specified by its receptor neurons. The motor modules provide the linkage through the motor neurons to the movers of the body and the metabolic support systems. For the limbic system the contributions are the spacetime field, the feedback regulation of the neuromodulator nuclei in the reticular core, and the simultaneous integration of the input from all of the sensory areas, which establishes the unity of perception. That integration provides the basis for the synthesis of intent.

All of the solicitations for cooperation radiating to the motor systems are simultaneously radiated to all of the primary sensory cortices through the bidirectional connections schematized in Figure 3. The existence of these influences into other parts of the brain has been postulated for over a century. The transmissions have been called efference copies and corollary discharges. They are highly significant in perception, because they provide the basis on which the consequences of impending motor actions are predicted for the coming inflows to each of the sensory ports in the process of preafference (Kay and Freeman, 1998). When we move our heads and eyes to look, this process tells us that the motion we see is in our bodies and not in the world. When we speak, this process tells us that the voices we hear is our own and not others'. Preafference takes place entirely within the brain. It is not to be confused with the proprioceptive loop, which feeds through the body back to the sensory receptors and the somatosensory cortex.

Corollary discharges are carried by action potentials, as are virtually all corticocortical transmissions, with a subtle but significant difference from forward motor transmissions. The spacetime loop has two directions of both inflow and outflow. In my view the forward flow in from the sensory modules and out to the motor modules is carried by spatiotemporal activity patterns that are carried by pulses, whose effects are at the microscopic level to direct their targets into appropriate attractors. The feedback flow from the motor modules to the limbic system and on to the sensory modules as corollary discharges is also carried by activity patterns of pulses, but

their effects are at the macroscopic level, to serve as order parameters, shape the attractor landscapes, and facilitate the selective learning that characterizes intentionality (Freeman, 1995).

Preafference in the forebrain has even more important contributions to make. When a goal-directed state emerges by a nonlinear state transition with its focus in the limbic system, it contains within it the expectancy of a sequence of sensory inputs. Those anticipated inputs are highly specific to a planned sequence of actions along the way to achieving the specific goal, as well as to a future state of reward, whether it is food, safety, or the feeling of power and comprehension that accompanies activation of the dopamine receptors. These expected inputs are the sights, sounds, smells and feels of searching and observing. The organism has some idea, whether correct or mistaken, of what it is looking for. The scent of prey combined with the touch of wind on the skin instantly involves the ears to listen and the eyes to look for waving grass. These are the Gestalt processes of expectation and attention, which are sustained by the motor control and preafference loops. Without preconfiguration, there is no perception. Without sensory feedback, there is no intentional action.

Everyone agrees that central processing takes time, whether for information, representations, or intentional states. Minimal estimates are provided (Libet, 1994) by measurements of reaction times between CSs and CRs (about 0.25 to 0.75 second), which are longer than the reaction times between unconditioned UCSs. and UCRs (less than 0.1 second). Only a small fraction of this interval is taken by the conduction delays between receptors and the brain, between the brain modules, and from the brain to the muscles. Most of the interval is required for binding features into higher order brain states, or for retrieving and matching stored representations for cross-correlation with present input, or for seeking appropriate basins of attraction and constructing spatiotemporal patterns in an itinerant trajectory, depending on one's point of view.

Neocortex as an organ of mammalian intentionality

Recent findings by recording the EEGs from the scalp of human volunteers (Lehmann, Ozaki and Pal, 1987) indicate that cooperation between the modules in each hemisphere is not by sequential transmission of information packets or representations bouncing from one area to another, with local processing by computational or logical algorithms. That hypothesis might be compared to the response of billiard balls upon the impact of the cue stick on one of them, with the outcome being determined by Newtonian dynamics. The global spatiotemporal pattern formation revealed by EEG recording shows that the sensory and limbic areas of each hemisphere can rapidly enter into a cooperative state, that persists on the order of a tenth of a second before dissolving to make way for the next state. The cooperation does not develop by entrainment of coupled oscillators into synchronous oscillation. Instead, the cooperation depends on the entry of the entire hemisphere into a global chaotic attractor.

An explanation in terms of brain dynamics is through generalization of the process by which local spatiotemporal patterns form. The microscopic activity of the neurons in each sensory cortex couples them together by synaptic transmission, and when the coupling is strong enough, the population becomes unstable and undergoes a state transition. Thereby a new macroscopic state emerges, which constrains and enslaves the neurons that create and sustain it, in the process of circular causality (Haken, 1983; Cartwright, 1989). The neurons express their membership in the coordination of their firing patterns, even though they do not synchronize to fire simultaneously. It appears that the macroscopic patterns radiate through various axonal pathways in each hemisphere. The interactions on the global scale engender state transitions of the entire hemisphere by triggering instabilities, such that new global macroscopic states are continually being created. Each global macroscopic state constrains and enslaves the modules that have created it throughout the hemisphere.

Consciousness as a dynamic operator

Neurodynamics offers a new and enlarged conceptual framework, in which interrelationships among parts creating wholes can be described without need for causal agents to effect changes. An elementary example is the self-organization of a neural population by its component neurons. The neuropil in each area of cortex contains millions of neurons interacting by synaptic transmission. The density of action is low, diffuse and widespread. Under the impact of sensory stimulation, or by the release from another part of the brain of a modulatory chemical, or by the inevitable process of growth and maturation, all the neurons together form a macroscopic pattern of activity. That pattern simultaneously constrains the activities of the neurons that support it. The microscopic activity flows in one direction, upward in the hierarchy, and simultaneously the macroscopic activity flows in the other direction, downward. With the arrival of a new stimulus or under the impact of a new condition, this entire cortex can be destabilized, so that it jumps into a new state, and then into another, and another, in a sequence forming a trajectory. There is no meaning to the question, how individual neurons can cause global state transitions, any more than it is meaningful to ask how some molecules of air and water can cause a hurricane. This way of thinking about matter has become so familiar to physical scientists since it was introduced a century ago by Boltzmann, that it is difficult to see why it is not better understood by neurobiologists working with neurons.

The primary sensory cortices are also components in a larger system, together with the various parts of the limbic system. Each of these components is liable to destabilization at any time, in part because of the feedback connections that support the interaction between populations. Perception can and does follow the impact of sensory bombardment, but that which is perceived has already been prepared for in two ways. One way is by the residue from past experience, the synaptic modifications, which shape the connections in the neuropil of each sensory cortex to form nerve cell assemblies. Each assembly opens the door to a preferred spatial pattern, which is constructed by the learned attractors in the basin formed in the past. The set of basins forms an attractor landscape. The second way is by reciprocal relations with all other sensory cortices through the entorhinal cortex. Input by preafferent pathways can bias the attractor landscapes of the cortices, and that can enhance the basins of attraction, that conform with the goals emerging through the limbic system.

The sensory cortices are continually bombarded by receptors, irrespective of intention, and each module of the brain is subject to destabilization at any time, owing to its intrinsic dynamics. Some form of global coordination must exist to explain the unity of intentional action, and the perseverance of goal-directed states in the face of distractions and unexpected obstacles. My hypothesis is that the interactions of the neural populations creates a brain-wide level of shared activity. The populations are not locked together in synchronous discharge, because they preserve a degree of autonomy. Synchrony seldom occurs among the individual neurons in the local populations, either. The entire community of brain modules must be considered as creating a global dynamic framework. The micro-macro relation that binds single neurons into populations, then, is a precursor for the binding of the limbic and sensory systems into a brain state.

This description can explain the formation of global spatiotemporal patterns but not their function and significance. It still leaves unexplained their relation to awareness. What is it? I want to propose a hypothesis as to just what is going on, in which consciousness is interpreted in neurobiological terms as a sequence of states of awareness. The limbic and sensory systems transmit to each other by action potentials as microscopic elements in a hierarchically upward direction. They create a global state, which acts downwardly to constrain the parts. The constraints are exercised by action potentials on divergent pathways that enhance the global content. The constraint of each module acting on others diminishes the freedom of all of them. The likelihood that any one of them will destabilize, go ballistic, and impose its activity onto other modules is reduced. In particular, it is less likely that any one or a subset of modules can capture the motor systems and shape behaviors with minimal contributions from the other parts.

My hypothesis is that a global spatiotemporal pattern in each hemisphere is the principle brain correlate of awareness. The interactive populations of the brain are continually creating new local patterns of chaotic activity, that are transmitted widely and that influence the trajectory of the global state. That is how the contents of meanings emerge and grow in richness, range, and complexity. Only a small fraction of the total variance of the activity in each of the modules is incorporated into the global pattern. Yet that small part is crucial. Just as the individual neuron is subject to continual bombardment at its synapses, yet can only report out a pulse intermittently on its sole axon, and just as the population is built from the seemingly random activity of millions of neurons, yet can only form one attractor pattern at a time, so the whole hemisphere, in achieving unity from its myriad shifting parts, can sustain only one global spatiotemporal pattern at a time, but that unified pattern jumps continually, giving the chaotic but purposeful stream of consciousness

The crucial role that awareness plays, according to this hypothesis, is to prevent precipitous action, not by inhibition, but by quenching local chaotic fluctuations in the manner described by Prigogine, through sustained interactions acting as a global constraint. Thus awareness is a higher order state, that harnesses the component subsystems and minimizes the likelihood of renegade state transitions in them. Consciousness as a sequence of global states is not an agent that initiates action. Nor is it an epiphenomenon. It is a state variable that constrains erratic activity by quenching local fluctuations. It is an order parameter and operator, that comes into play in the action-perception cycle after an action has been taken, and during the learning phase of perception. This is the part of intentionality in which the consequences of the just completed action are being organized and integrated, and a new action is in planning but not yet in execution. Consciousness holds back on premature action, and by giving time for maturation, it improves the likelihood of the expression in considered behavior of the long term promise of an intentional being. od of the expression in considered behavior of the long term promise of an intentional being. David Chalmers (1996) has characterized as "the hard problem" the question of why we have experience at all. The answer is simple. Humans who can't stop to think don't survive long in competition with those who can. William James (1879) described consciousness as "an organ added for the sake of steering a nervous system grown too complex to regulate itself." But it is not an organ in the sense of some new part of the brain. Instead it is a higher and more inclusive form of self-organization.

The view of consciousness as a dynamic state variable clarifies the issue of emotion versus reason. Emotion can be measured by the magnitudes of the tendencies to chaotic fluctuations in brain modules, and reason can be seen as an expression of a high level of assimilation to the world, meaning knowledge that endows a rational mind with control of remarkable power. Consciousness does not construct the trajectory of reason. It provides the global linkage for smoothing chaotic fluctuations through global interaction. By these criteria an action can be intensely emotional and yet strictly controlled. Actions which are considered to be thoughtless, ill-conceived, rash, incontinent, inattentive, or even unconscious, and which are commonly and incorrectly labeled as "emotional", can be described in dynamic terms as an escape of chaotic fluctuations from a global order parameter, prematurely in respect to unity of mind and long-term growth toward the wholeness of intentionality. Without emotion there is no action, but without conscious control, there is the potential for self-abasement, self-destruction, and the heartless infliction of violence on others.

When we speak of people as "highly emotional", in this view we refer to having high levels of chaotic activity in the various components of their brains, which cannot be achieved without a corresponding high level of the global cooperativity that manifests itself in consciousness. The levels of energy build inexorably through the dynamic tensions of controlled internal conflicts. In other words, emotionality is not a weakness but a sign of strength, because its depth, range and complexity beyond the instinctual attitudes of other animals cannot develop without structuring by reason and language. The highest and most complex levels of emotion are seen in poets and other natural leaders who have the greatest range of personal insight, cultural vision, and predictive power. Emotion is chaotic, but, after all, by one definition chaos is controlled noise.

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Figure Legends

Motor cortex   Somatic cortex

Frontal
lobe

Thalamus

Olfactory
bulb

Hippocampus

Amygdaloid
nucleus

Muscles

Brain
stem

★ Sensory Receptors
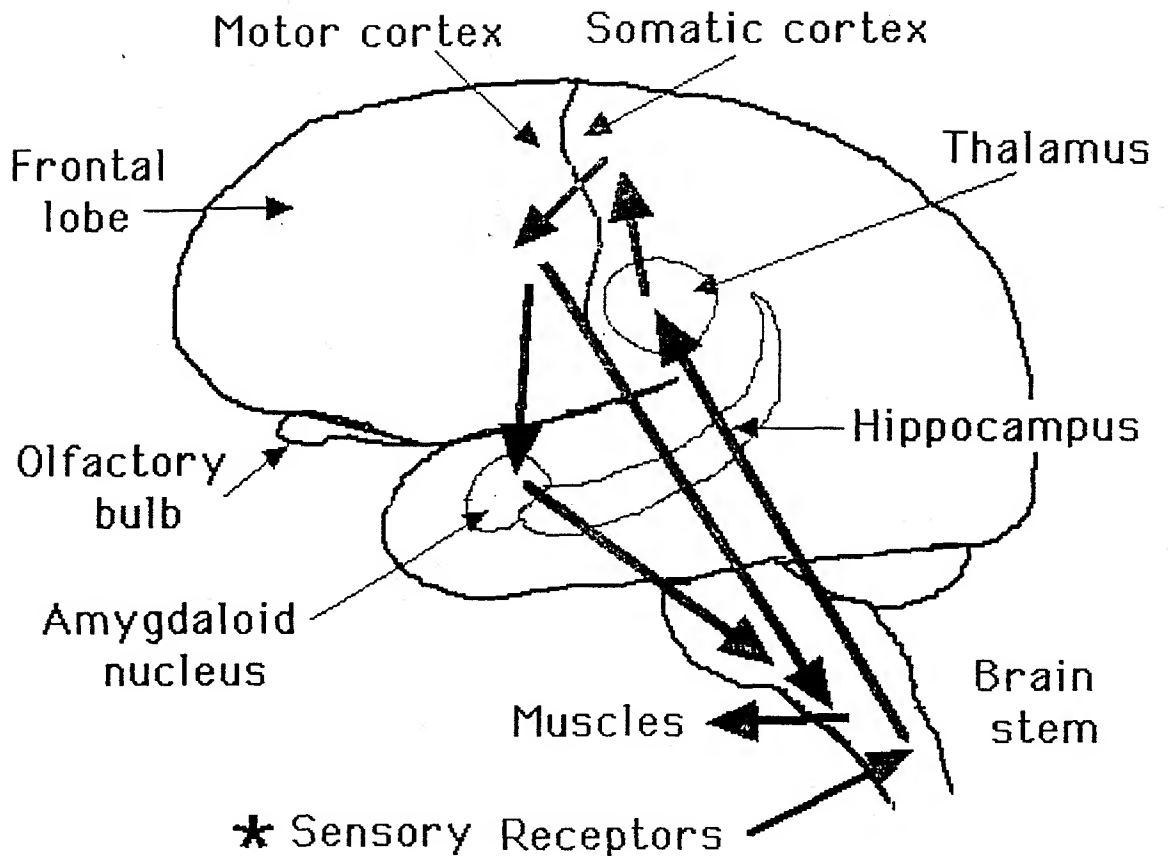
Figure 1. This schematic diagram shows the way in which perception occurs in the passivist-behaviorist-cognitivist view. It begins with sensory stimulation (*) that provides the information to be processed. Three serial neurons (upward arrows) carry it through the thalamus to the primary sensory cortex, from which it is transmitted to the frontal lobes. Similar stages hold for visual and auditory information. The processed information is sent directly to the brain stem and indirectly through the amygdaloid nucleus, where emotion is attached, before final delivery to the muscles. This serial pathway constitutes a linear causal chain.

Motor cortex   Somatic cortex

Frontal
lobe

Thalamus

Entorhinal
cortex

Olfactory
bulb

Hippocampus

Amygdaloid
nucleus

Brain
stem

Muscles

Sensory Receptors
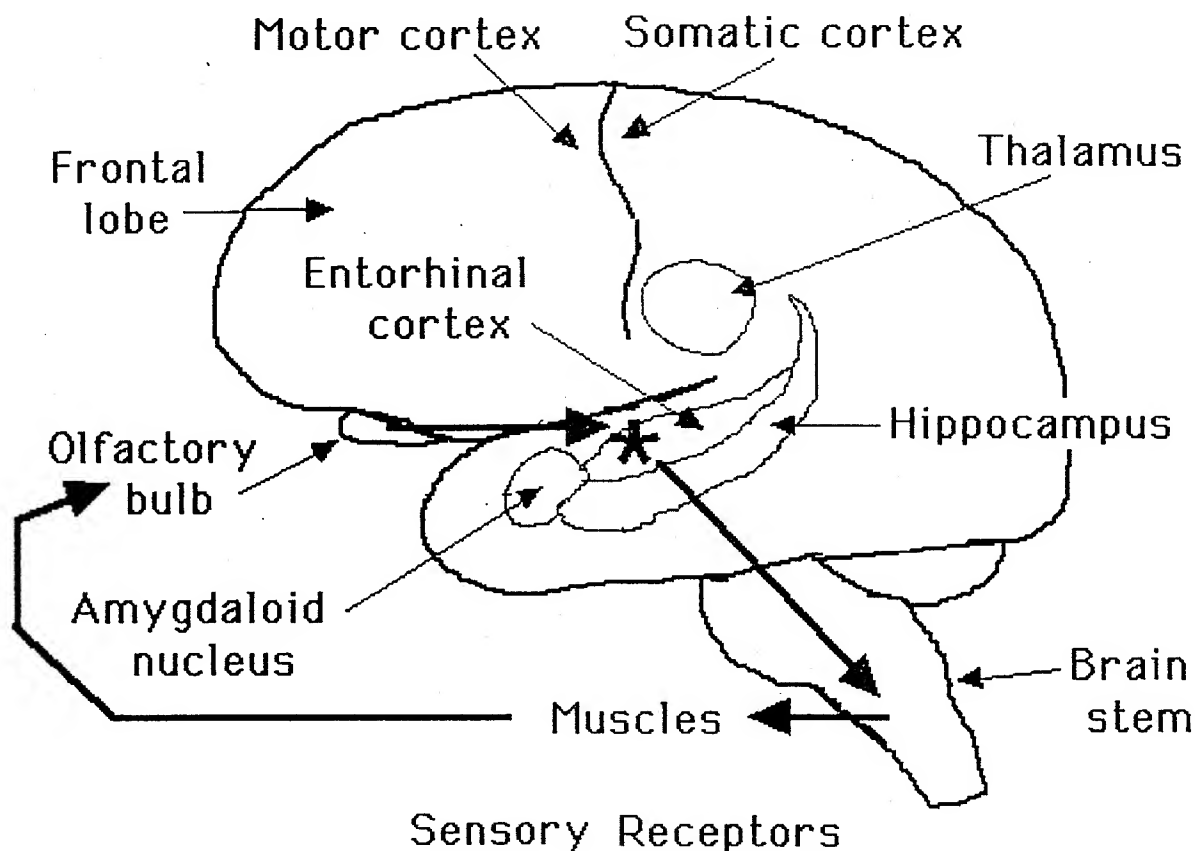
Figure 2. This schematic diagram shows the way in which perception occurs in the activist-
pragmatist view. It begins with emergence of a goal through self-organizing dynamics in
the limbic system (*) embedded in the medial temporal lobe. Commands sent to the brain
stem cause changes in sensory inflow. At the same time, corollary discharges are sent to
the primary sensory cortices to prepare them for the anticipated sensory barrage. For
simplicity, only the olfactory feedback is shown. All other senses participate by
transmitting to and receiving from the entorhinal cortex, which interacts with the
hippocampus. The loop starting and ending in (*) illustrates circular causality.

DYNAMIC ARCHITECTURE OF THE LIMBIC SYSTEM
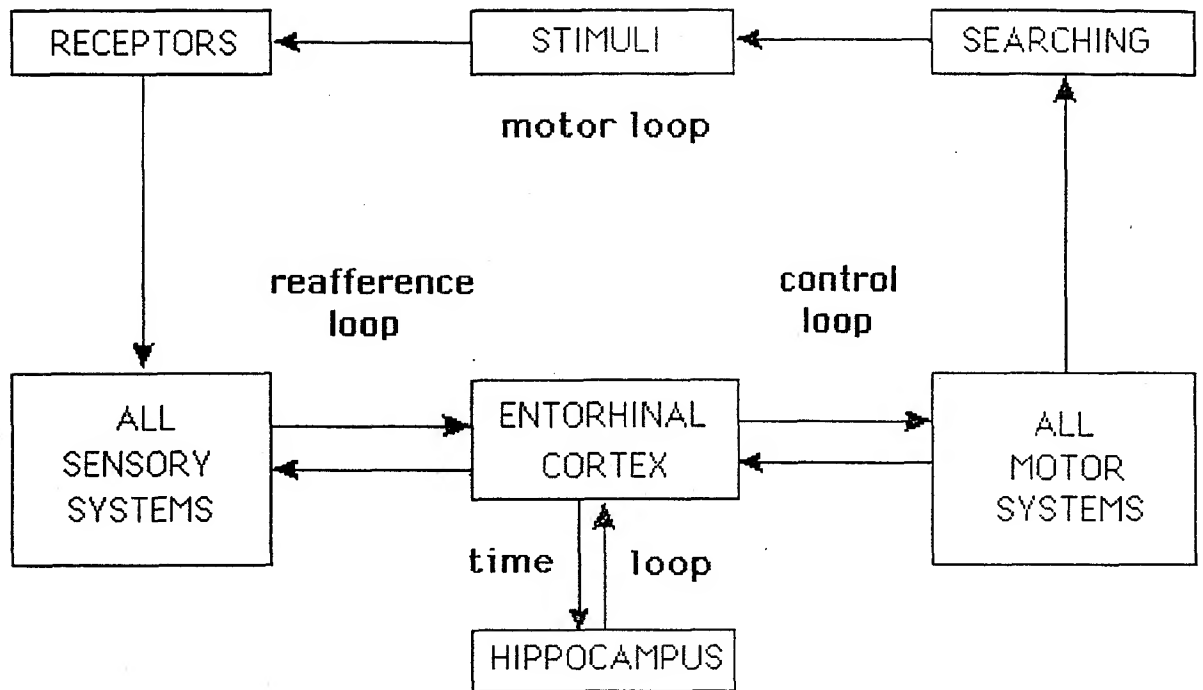
Figure 3. The organization of brain dynamics is developed from Figure 2 as a set of loops of interaction in which the limbic system is embedded. The global interaction between the self and the world is shown as the pathway through the environment from motor output to sensory receptors. The proprioceptive and interoceptive loops are closed outside the brain but inside the body. The preafferent loops are within the brain, updating the sensory cortices to expect the consequences of incipient actions. They differ from the motor control loops that include the neurohumoral regulation of the brain by itself. The spacetime loop indicates the interaction between the components of the limbic system by which experience is organized for intentional action through time and space.

Comprehension of Therapy According to the Drug Therapy Station *Start Again*

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0. Comprehension of addiction's therapy in the drug-therapy station Start Again

The new knowledge that has been achieved by research in the field of social-science[1] is particularly helpful to understand the causes that conduce to a rising of drug-consumption.

Already in the 50's and in the 60's, the dynamic of processes for the developing and the maintenance of drug-consumption, has basically been elaborated by social-scientists. This happened especially in the person of Howard Becker, who made his studies of the deviated behaviour of Marihuana smokers, in the tradition of the Chicago school[2] :
According to the process-oriented social-scientists, an acting that deviates from the norm, is developed through successive interaction; the quality does not differ from the interaction-processes of the so called "normal acquired behaviour".

Although this theoretical model is not finding much consents in the late researches and discussions on the recovery from drug-addiction, it is completed without difficulties by the learn-theoretical attempts that emphasize the physiological autonomy of the drug-effect on the micro-level of the individual. But, in their modern form, these attempts have opened social imitation-conditionings and important dynamic-constituting variables on the surroundings of the macro-sector.

In order to explain the epidemic tendency to drug-consumption on a global social-scale, the process-oriented social science tends to identify the reasons of such behaviour - among which deviation-constituting elements such as factors of social stress of modern industrial society, resulting in role pressure and adapting aspirations as well as restricting personal freedom rules - in the facilitation of the access to drugs and the increasing possibilities to purchase them. Here the profit interests of the dealers, in their canalization of the supply are in a certain way a stipulation for the mentioned processes of diffusion, social contamination and model learning. The consumption of the so-called legal drugs (specially of psychoactive drugs like tranquillisers) that are artificially heated and pumped up in the market economy by the pharmaceutical industry, plays a major role in the complicated netting of the recovery of drug addiction.

It is in this development of a general **process-oriented comprehension of therapy** that Start Again plugs in, in order to expand it systematically and put it into practice as **a systemic therapy comprehension.**

This systemic **therapy comprehension** is the result of an innovative and skilful gearing of four different elements.

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[1] At this point especially Winick (1974) and Mc Cubbin (1973) should be mentioned, who take up the conception of Becker, consisting in the mental heritage of the "symbolic interaction of the Chicago school", and widen it with additional explanations.

[2] Cf. Becker, H., Outsiders. Studies in the sociology of Deviance, New York, 1963

1. A systemic drug therapy
2. The integration of the comprehension of addiction of Narcotics Anonymous and the participation in their meetings
3. The technique of the two meditations Anapana-Sati and Vipassana
4. A systemic family therapy

1. Systemic addiction therapy at Start Again

In a therapy and rehabilitation centre the question arises whether or not empirical analysis and theoretical concepts are useful in the concrete experience of working on and with drug addicts.

The results of scientific research that includes cause and explanation models give the drug therapy, which preferably works with individuals and/or small groups, a certain frame of information. Because of the time procrastination due to the evaluation and the publishing of researches, the drug therapy cannot totally commit to the "old material" of these precious hypotheses and interpretations are containing. For it the most important factor is the actual moment (Ist-Zustand); the struggle of research to establish which is **the** right explanation model has no importance, at all, in the practical field. It is much more the **significant composition of reciprocal completing tendencies**, which changes in regard to the practical necessities that plays a role in practical experience. This is important in order to avoid a one-dimensional and, therefore, tendentious comprehension of the causes of drug addiction, that would not help understand the complexity of such causes[3].

Still: If the goal of drug rehabilitation goes from the achieving of minimal standards, which are now a helping reality in the establishing of supporting offers in the drug field and can be used by any other institution, to the elaboration of an equal and comparable documentation system, it will be necessary to have more in common than only a background orientation, which will reduce its task simply to the acknowledgement of the different possible causes that lead to addiction. It is necessary to make a choice between the complexity of the different cause models, this means a flexible establishment of hierarchy regulated legitimacy of structures, within the specific controversies, in order to provide the practice with the reasonable and effective directions that have to be followed. Drug rehabilitation also means life experience and is therefore included in the dialectic of the decision and the justification constraint of a general context. This problem is connected to the success of several psycho-social institutes.

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[3] Thath is how in the summer of 1989 the so-called "Cocktail" was one of the most requested mixtures on the Platzspitz, the drug scene in Zurich. It is an individually chosen dosis of herine and cocaine which has an extremely exhausting effect on the physical state of the addict. The staff of consulting and therapy institutions have to react adequately to such new inventions of the almost natural scientific and experimental curiosity of the consumers, without having to found on "time-lap" based scientific analysis.
c.f. Final report of the "Kontakt- und Anlaufstellenprojektes 1988-1990" of Zurich, p.203

A rehabilitation clinic has therefore to focus on rehabilitating measures and increase their efficacy.

Out of the causes complex such as availability of drugs, gain opportunities and drug inherent pleasant effects on the central nerve system, the practice in the drug therapy has to concentrate primarily on the potential elaboration of the subjective conditioning processes of both, the individual and the social level.

Addiction is understood by Start Again as a specific type of relationship organisation that happens on all levels, and is not an isolated phenomenon. In most of the cases it affects a specific member of a family which lives in a community that, on the other hand, is a part of a bigger social system.

Taking care of these different components of life and existence, the therapeutic-rehabilitative interventions in Start Again are specifically mind-stabilising, psychotherapeutic, family therapeutic, social pedagogic, **social working**, professionally and socially integrating, as well as ecological.

Addiction starts as a pleasant experience; i.e. the **hunting** of a subjective state of well being and the **escaping** from the unpleasant one. This pattern turns into addiction when, despite the unpleasant drug effect, the consumer continues the consumption and risks everything in trying, by force, to repeat and possibly intensify the drug "highlight" he experienced in the beginning. Back in everyday life this behaviour produces extreme feeling of guilt and aggression towards himself, which, combined with the development of addiction, will push the addict even more seriously in the vortex of the sense of reality loosing effect of drugs. The vicious circle has begun.
In other words, by addiction is meant a habitual and obsessive over-dependence that, in a totalitarian way, rules over the different life sectors such as the physical, the psychical, the mental and the social ones.

This is to say: One dimensional rehabilitation strategies, whether they are centred on the individual or social psychological / socialisation theoretical designs can never be a solution for the addiction problem. The recovery from addiction has to be built upon the complex system mentioned. For this purpose, four problems have to be solved.
1. As a result of the partially and extremely damaged autonomy, a fundamental motivation
   and lifestyle focusing consultation is necessary. Drug consulting sets the basis for
   drug addicts to acknowledge something which, in their system of classification, is worth
   fighting for; the drug addict has been given the chance to become motivated in order to
   will not show many signs of recovery.

2. What follows is the necessity to deal with the very problem of the addiction in its deepest root level, i.e. the indicators of addiction such as loss of control, continuous consumption of drugs despite the damaging consequences, in other words, the deep rooted mental causes of the positive and negative strengthening must be eradicated.

3. In addition to a mental stabilisation, it is necessary to elaborate and discuss intensive habit patterns and vital questions as well as the motives of entanglement.

4. After an intensive clinical addiction treatment a functioning supply network has to be set up in order to sustain the addict during the process of social and professional integration in society.

This is why the principle of the **"comprehension of the case in the encounter"** is located in the centre of action at Start Again (compare with the concept of anthropologic psychiatry of W.v.Bayer 1955, 1978[4]; of Uslar 1969[5] and the Mailener model 1992[6].)
The essential element in all these conceptions is the capacity of meeting fellow men in a lively coexistence, outside pre-determined function roles, simply as a manifestation of human life.

Therefore, Start Again sees an individually damaged experience of life, in the sense of a "damaged autonomy through drug addiction", as a restriction of the capacity of living. This is why the therapeutic effort concentrates on the encounter (individual conversation, group, everyday life, etc.) which, in concomitance with a method centred and detached case specific comprehension, will help to (re)activate or to amplify the possibilities of the subject.

This means that the therapists of Start Again have to establish a double, and necessarily contradictory, relationship with the clients: their relationship is primarily defined as a relationship between professionals and clients which cannot be seen as a private relationship. On the one hand, therapist and clients meet in a framework following precise rules that are dictated by their roles. On the other hand, because of the extremely intimate areas of the client that are analysed within the framework of the relationship between the professional operating field and the client, there must at the same time be a meeting of the two parts also on the human level, in which the therapist can also bring his person into the game.

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[4] Baeyer, W.v., Der Begriff der Begegnung in der Psychiatrie, Nervenarzt 26, p.369, 1955.
Baeyer, W.v., über die Bedeutung psychiatrischer Schlüsselwörter, in: Kraus, A. (Hrsg.) Leib, Geist, Geschichte - Brennpunkte anthropologischer Psychiatrie, Heidelberg, p.29 - 44, 1978
[5] Uslar, D.v., Vom Wesen der Begegnung im Hinblick auf die Unterscheidung von Selbstsein und Sein selbst bei heidegger, in : Gerner, B. (Hrsg.), Begegnung, ein anthropologisch-pädagogisches Grundereignis, Darmstadt, 1969.
[6] C.f. System Familie 1992, 5, p. 197 - 206.

On the other side, in the intimate encountering, the simultaneity of both acting logic's (private and role oriented relationship), give the therapist the opportunity not to lose his impartiality which, through the case specific understanding, will help him to identify the pattern, or the structure that has led the client to his living experience.

This is how the joint reconstruction of the actual biography and the systemic analysing of the concrete acting become the object of the joint efforts which have the goal of developing a huge quantity of acting perspectives, which will be used as a means of changing in the future.

Along with this systemic comprehension of addiction, our therapy model has integrated the most differing methods and settings (configurationism-, conversation-, transaction analytical- and psycho-analytical orientated), which take into account the different professional and personal resources that characterise the members of our staff.

2. Comprehension of addiction by Narcotics Anonymous

The following is concerned with the meaning structure of the twelve steps of the Narcotics Anonymous.
The implicit philosophy of Narcotics Anonymous is embodied theoretically as well as practically within the rehabilitative policy of Start Again. The study of the N. A.'s program, which takes place as text lecture (reconsideration of the points expressed in the program through intellectual deepening) and with the almost daily participation in the 12 step meetings. In these two forms of working at oneself, the individual is prepared to practice and is given tools and concrete concepts, which will help him to face the adversities of life.

The aspiration for recovery as it is understood by Narcotics Anonymous, stays for an always deeper comprehension of these twelve steps. This implies two elements: on the one hand, the steps on their own build a sequence, an advance, a progress. On the other hand, the understanding of the steps has to go steadily deepen. The more and more profound understanding implies that the steps have to be continuously repeated.

In this point, the conception of the Narcotics Anonymous differs from the original therapy understanding: the aim is not an aim centred on a concrete goal such as the elaboration of repressed matters or the reaching of mere abstinence from drugs, it is much more an aim for a spiritual, ethical way of life.
The plan of reaching an always deeper comprehension implies a constant, cyclical repetition of a process that, theoretically, cannot be closed. The progress is structured step by step; it is a combination of two essentially opposite models: the spiral model, based on a deepening through repeating, and the linear progress oriented model.
The term of "steps" makes sense only in a sequential order. A casual sequence should, in fact, be named 12 points or collection of principles, but not twelve steps. The interesting point in the twelve steps program is that in this combination between a spiral and a linear

1odel, the addiction (spiral involvement) as well as the coming out from addiction (linear 1ovement) become homologous.

1 this case the spiral form reflects the cyclical urge for repetition which is typical of ddiction: with a downward tendency leading to complete bondage, the permanent returning) the closed system in a dynamic of its own is increasing the entanglement. The linear 1rogression in the sense of a regulate downward movement, embodies exactly the leficiency of the addict: regular progression.

3ut this also means that through the constant reaching of a starting point, something is being)ut into motion which, in fact, corresponds to addiction. This means that the twelve steps 1rogram of the Narcotics Anonymous uses the structure of addiction to somehow smuggle 1n progression. Hence the program is an infiltrate from the outside, which the addict would 1ot receive otherwise through a therapy.

In this context the drug rehabilitative practice speaks of therapy resistance problem. Therapy resistance problem of the addict means that the particular interaction form of therapy is immediately assimilated by the addict in his own organised structure of addiction, that is carrying his drug addiction. He immediately resumes a position of dependence and undermines the essence of the therapy, namely the elaboration of resistance. This is why therapy alone is hardly enough.

The secret of the success of Narcotics Anonymous, actually lies in the fact that instead of the dependence from addiction, a "new bondage" is set, i.e. the one of the authority of the twelve steps. This is in general the programmatic of the concept.

The decisive question is now: Is the intend of the program structure of the twelve steps in the end the autonomy, or does it contain a new incapacitation by exchanging contents?

What has to be noticed in the experience concept is the astonishingly logic ordering of the steps, and the enormous actual parallelism of the principles with the conception of analytical therapy. Of course, the difference is given by the orientation to a transcendental power. Nevertheless, the conception of a God in the 12 steps is not introduced in the sense of a foreign authority. The conception of God has the function of occupying the role of a substitute that, afterwards, shall be transformed by the increase of self-confidence. The God conception is, of course, an anticipation of our own moral completion.

Comparable to the extent to which one is leading one's life according to these principles, the quality of live will improve and the divine will be interiorised; it will be adopted. In the latent sense structure of the program it is said that for the addict the imagination of God is firstly necessary as a crutch or a bridge.

This is an absolutely adequate understanding of the therapy problem of addiction. Addiction is extremely difficult to be cured, because the addict immediately changes the object of his dependence. His tendency is to make the therapy undergo a changing of symptoms.

Until now the still unsolved problem with the Narcotics Anonymous is the transfer from a modus of mere symptom adaptation to autonomy. What has to be achieved is: Out of addiction, through symptom changing, into autonomy.

What remains questionable is under which conditions the basis conception of the Narcotics Anonymous ends in a pessimistic preclusion of transformation, in which addiction is not really purified but the very addict tends to fall over his evil symptoms again and again. In order to make prognoses; differentiation should be considered already in the aetiology of addiction. In this way the exit from addiction would not only senselessly rotate around itself in the form of a mere abstinence from drugs, but should always be considered in concomitance with the conditions that constitute its framework. This shall happen so that it can be made clear under which conditions the passage to autonomy is possible and when it is not.

What needs to be stressed is:
1. Drug addiction is a type of addiction in which the passage into autonomy in a first stage cannot be achieved, or can be achieved only with very much difficulty. In this situation it would be counterproductive to put every single addict face to face with this requirement. The condition for putting in practice the "complete recovery" model is the giving up of the crutch in the sense of the healing embedding to the form of authority of the N.A. group. Initially, the single drug addict is not able to take distance from the model of the mere symptom changing, which is leading him from one dependence into another.
2. At the same time, the application of this explanation on every level of addiction types would result in generalisation because it would not take into account a hidden autonomy potential.

The difficulty lies in the fact that in the therapeutic process (where the issue is to elaborate the resistance), it is hard to determine if it is the case of resistance or preclusion of the development of the autonomy potential, because the work engaging capacity of drug addicts is limited. In view of the 12 steps as such it is not previously established that not a sovereign change, appropriate to the situation, but a mechanical change from symmetrical into complementary interaction forms dominates, which assigns the dependence on the authority of the group for once and for ever.

enerally it can be said that the submission under the divine goes in direction of a
ibstitution anticipation which afterwards will incorporate ones own moral fulfilment.
ecause of the lacking self confidence of drug addicts a complete autonomy credit would
e totally excessive. The divine acts - like a rocket assisted takeoff - as an anticipation of a
ersonal autonomy: the divine is a springboard, which only introduces the process of
utonomy.

he function of this substitute is to support the attempt of leaving the unconsciousness of
ie drug addiction state.

3. The Meditation

3.1 Basic philosophy and limits of the Narcotics Anonymous

Not even the founders of the movement of the Alcoholics Anonymous/Narcotics Anonymous believed in a final autonomy of the addiction harmed.
If we consider the anticipation of the basic philosophy of the Alcoholics Anonymous somewhat deeper in their self-description[7]

- *We cannot change the nature of the addict or addiction......*
- *We can help to change the old lie "once an addict always an addict", by striving to make recovery more available,*
- *God, help us to remember this difference*

we will immediately see the problems that are only manifesting themselves in the very life experience but are already potentially situated in the basic comprehension of N.A.

The first sequence of the utterance allows a double possibility of interpretation: On the one hand, the discussion of the principle, without confession no healing, sets the basis for a therapy. On the other hand, the explicit admission of the personal failure, is remitted to the implicit addiction comprehension of N.A. which says. The root of addiction cannot be treated.

What, as a logical consequence, comes out of this is the formulation of a concept of living: the intended containment of addiction, with its avoidance of the complete defeat facing the power of drugs - the old lie: *"once an addict, always an addict"*- can work in the social service strive, i.e. in the missionary expanding of the program and, at the most, lead to a right way of life.

The N.A. program is hereby a turning away from the, up to now, traditional prejudices which say that addiction as such cannot be controlled anymore; equally it is a motivation to go against the current pessimism and the victim legitimisation function of addiction on those concerned.

Because out of the experience of its founders, the N.A. could "only" develop the concept of a right way of life, in order to counterbalance the menace of an ongoing entanglement in the drug addiction, its value for an autonomy process, in the sense of a real elaboration of the entanglement into addiction, is only limited.

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[7] C.f. Narcotics Anonymous, Twelve Steps and Twelve Traditions, reprinted for adaption by permission of A.A., world services, Inc. Revised Edition, 1986

art Again is building up exactly this necessary, although not sufficient, requisite of the .A. concept for the practical aspects of a real elaboration of drug addiction, so that the covery process can be completed by a new dimension.

ie final aim, at least in the model of Start Again, is to reach autonomy. This purpose shall ; followed through the actual removal of drug addiction - out of it and away from it - until ersonal autonomy has been reached.

ı Start Again this happens through the aspect of meditation.

3.2 The new element

f drug addiction has sporadically been defined as the search of presence[8], this should be ompleted by a second dimension, because the escaping from the present is not being eached; therefore drug addiction should be defined as search for presence and presence of earch!

By means of an intuitive comprehension of the problem of drug addiction, N.A. follow the purpose of stabilising the singular drug addict through the learning process of sharing oneself in the "meetings" as well as to help him acquire a new identity by going through the steps.

This process gives the single drug addict the possibility of obtaining the power through a pragmatic living program of an ethisation of the acting level ("just for today no drugs"), and of avoiding the power and the milieu of drugs; hereby it delivers the basis for the ultimate and decisive part of the elaboration of addiction: the *Vipassana*-meditation.

The *Vipassana*-meditation sets a double aspect in the global concept of drug rehabilitation: the simultaneity of the last rung of a rising completion program and a radical new conception of the outlet from addiction. Soon it became clear to us, however, that 10 day *Vipassana* courses without a preparing introduction are only difficult to manage by the single drug addict.

This is why in the frame of the rehabilitative treatment we decided to fall back on the actual preparing exercise of the *Vipassana* meditation: this is the *Anapana-Sati* method, i.e. awareness of the in-and outgoing breath.

The *Anapana-Sati* exercise, with its three and a half day exercising, constitutes the precondition for the even deeper mental operation of the *Vipassana* practice, but, when practised on its own and embodied in a therapeutic context, it already has an extraordinary stabilising character.

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[8] C.f. Gerdes and Wolffersdorf-Ehlert, 1974.

The goal of the *Anapana-Sati* exercise is to gather the mind and to develop concentration, through the awareness of respiration. As a by-product of the exercise thoughts become more quiet and, at the same time, the drug addict, theoretically free from distractions, learns to observe the flow of the internal experience. Through this practice of concentration on a small part (the observing of the breath in the nose area), the person who practices, trains his capacity to keep his attention continuously on an object.

Essentially, it is this reducing of the attention on **one** object of observation that distinguishes this exercise from the deeper but also more complex-and therefore, at least in the first moment, too ambitious for the drug addict- introspective (Vipassana), in the sense of a direct experiencing of the prepredicative and an operation of the mind/matter.

In *Vipassana* it is the variety of sensations to which the awareness is extended; as far as the observing of the breath is concerned, the concentration is restricted and focused on the object of breathing in and breathing out.

In the same way the architecture of the logic in the concentration process is a completely different one: the aim is to reach the mastery over the conscious part of the mind, through the mere observation of the breath. In *Vipassana*-meditation the task of the realisation of the flow is being settled directly in the unconscious with the complementary, and decisive, objective of renouncing the blind reacting patterns of the mind; the sensations that are felt on the body should be merely observed with awareness but without evaluation, judgement, choice or comment, and also without cognitive and emotional elaboration.

This mere awareness also means the not interpreting and judging attention on the realised sensations or experiences[9], that goes from moment to moment. The law of the constant changing of the not choosing consciousness of the physical sensations is the dialectic of the individually experienced content and of the process, through which a determined event sets in.

Anapana-sati- meditation (commonly also known as *Samatha*-technique), does not follow the idea of complete elaboration of the conditioned reacting patterns of the unconscious mind. The practice of *Vipassana* meditation has this aim of liberation; *Anapana-Sati* is practised in order to reach a higher degree of concentration and calm. Through this increasing concentration on the focusing of the awareness, in which the mind is being trained to successively set back from all the physical and mental stimuli, a progressive calm of the mental process reached.

In the more or less damaged mental condition of drug addicts, the specific intention of the exercise of the *Anapana*-technique is the reaching of a general calm of the mind, which takes place through the mastery over the mind, and not the establishing of the higher levels of concentration of the mind. What should be reached by this process is:

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[9] This expansion of the field of sensations through the notion of experience should point to the responsibilities in which it is not possible the medidator to realise the current of sensations which is permenantly existing because of the emotional entanglement or similar forms of inner agitation. The mind is too gross and agitated to be sensitive.

1. On the one hand, to give the drug addict, who is arrested in his therapy resistance problem, the necessary distance which will allow him to take separate himself from the interaction form, which wants him to immediately assimilate the therapy to the form structure of addiction.
2. On the other hand, to show the drug addict the path in direction of a deeper transformation of the mind through self observation along the process of constant changing.

After having, in this way, experienced a stabilisation of his extremely agitated mind, the basic pattern of which has always been to escape in the sense of positive and negative enforcement to create distance, the single drug addict, who has equivalently opened his mind to a completely new perspective- the higher power, which has been the subject of the N.A. program obtains a concrete filling in content which, through another step, allows the addict to face the proper addiction instead of ceding the responsibility anew- can, after weeks of a partially successful integration in daily the concerns of life, proceed to the next step in which the technique of the *Vipassana*-meditation will be introduced.

3.3 Results of practical application

Vipassana-meditation works with the centre of the drug problem, namely the craving.
Independently from the fact that the teaching of *Vipassana*-meditation should be practised only in the corresponding atmosphere of a course-normally not less then 10 days of methodically controlled practice are necessary for this purpose- the introduction of drug addicts in the *Vipassana*-meditation **must** not happen too soon.

Of course, there is also the type of drug addict who could clear his heroine addiction within a course and never take any drugs again so that, in the long run, with the participation in other courses, he could successively be able to clear his established drug oriented behaviour, leaving behind his object bondage.

Another type of drug addict could abstain from drugs for a certain period of time and concretely put in practice the energy, coming from purification of the mind in the sense of a mental widening, in an acting oriented way. Then, by the rising of new and as overpowering experienced conflict situations, he tends to fall back on drugs and use them as a torch in a tunnel.
Afterwards, two possibilities are given to the individual. His self confidence sinks to the point again where the powerlessness over drugs expands itself on the efficacy of the meditation practice, too, this is to say he drowns in the addiction again or, he visits another course, gains an increase of autonomy again and, possibly through other relapses, he liberates himself from his addiction.

According to the Vipassana Research Institute, the majority of drug addicts who participate in *Vipassana*-meditation courses and came to the course without any special preparation, are not able to face the deeper mental operation processes of the. *Vipassana*-meditation, despite the unconditional help coming from the teachers and the management. They mainly leave the course on day 2, 5 or 6. These are the usually problematic days during the ten day confrontation, which, as a matter of fact, are very stormy and unpleasant for the other participants as well.

It is specific of the *Vipassana*-meditation that the gross mental acting energies that are going along with unpleasant sensations on the body, are the first ones to rise. At their dissolution the subtle states of mind, that going along with pleasant sensations, come to the surface.
So it comes as no surprise that drug addicts, whose main problem is exactly to avoid reality, desire to leave this place of inner war relative quickly at the manifestation of strong storms and tempests.

As a consequence of the above explained conditions, it is necessary firstly, i.e. with reference to the therapy program during the clinical stationing, to concentrate on the strict awareness focusing meditation technique of *Anapana -Sati* (awareness of respiration), in which the drug addict is asked to focus himself on the clearly defined stimulus of respiration.

In spite of the considerable differences, the *Anapana-Sati* technique can be combined very well with other therapeutic mechanism.
Therapeutically seen, *Anapana* causes the dismantling and the pacification of the evaluation, of the judging and of the thinking in categories. What is aspired is the "direct experience of reality, based on the sensations data that lie on the ground of the individual."[10]

During this process of awareness of respiration, the thoughts are only an irrelevant by-product whose only task is to distract from the actual point of observation and to mark the loss of quality of the presence of awareness.

Simplified, the meditation process during the observation of respiration in the beginner is as follows:

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[10] C.f. Seer, P. in his short essay on the possibilities of integration and the difference between meditation centred on concentration and the cognitive therapy of behaviour 1986, p.305

Attention

Object of meditation
e.g.   Breath

Side object
e.g. thoughts

Breath

Side object
e.g. noises

Breath

Side object
e.g. thought

Breath

Side object
e.g. shapes
coming from
the fantasy
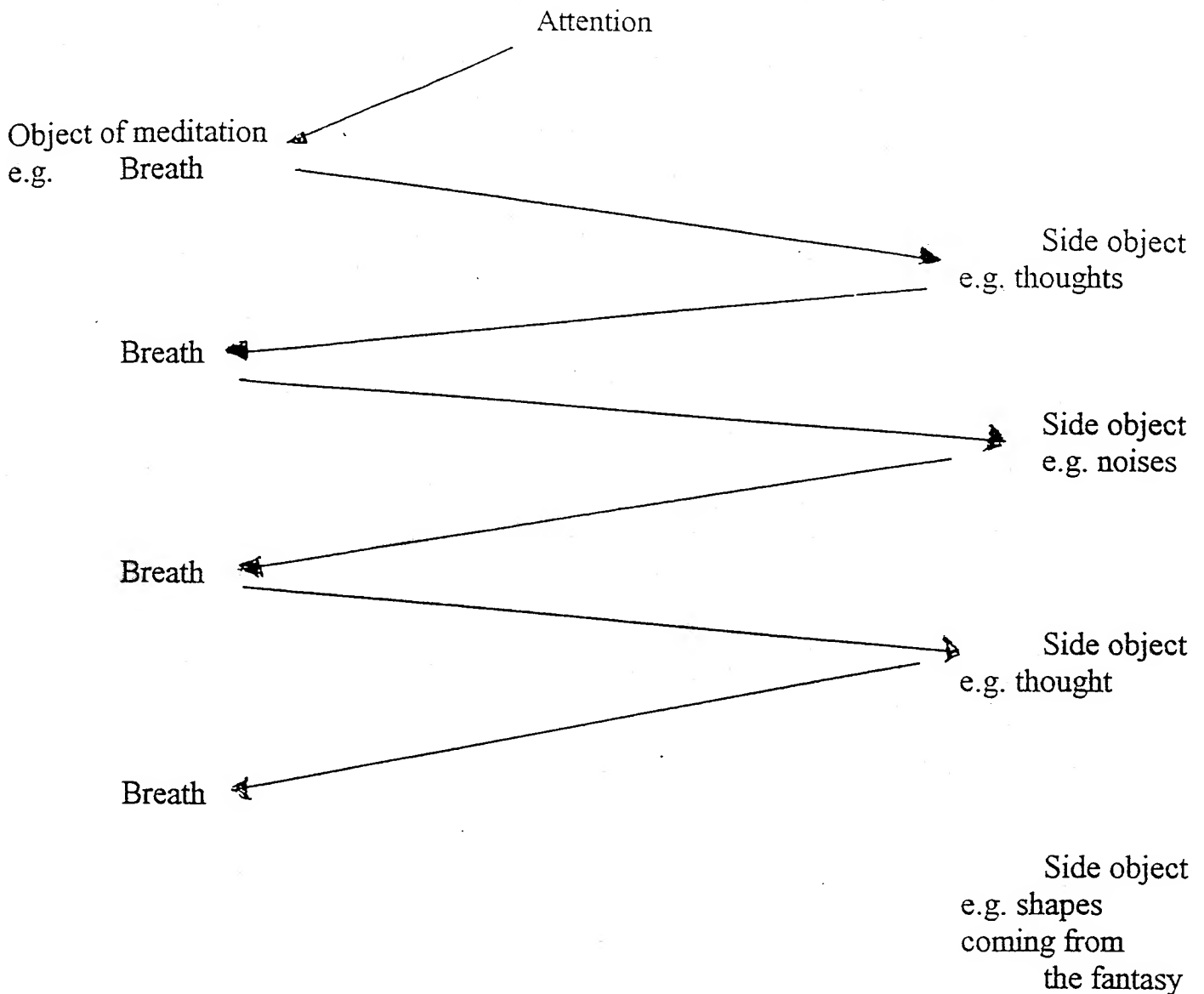
Even after a therapy stationing of the duration of more weeks, in a first stage, it is advised to continue practising the, in a first moment only stabilising but soon leading to positive relaxing experiences, awareness of respiration; because on top of its combination with the therapeutic confrontation, it is also a precious alliance of the more process oriented analytical life program of the Narcotics Anonymous and their intended objective of the social reintegration of the drug addict.

Only after the drug addict has, to some extent, reached a stabilisation in the practical life and has become autonomous on a basic level, it is suggestible to make a further step in direction of a deeper elaboration of addiction by using, for this purpose, the *Vipassana-meditation*. Otherwise it could happen that the addict will lack of the strength and the stability to face the friction fuel processes which, as a must, show up during a *Vipassana* course, and should help him not to reach out for his pseudo-conflict-resolution, which is to escape through/in drugs, when deeper mental reaction patterns come to the surface.

Still, the awareness of respiration alone leads to remarkable achievements. These can be summarised as follows:

1. Self realisation of the flow of thoughts

Within a very short period of time, the drug addict will lose the object of meditation of the breath. The awareness will wander to other objects. Maybe for the first time in his life he will have the insight in the constant and persistent flow which is distracting the awareness through cognitive processes. However, because of these reasons, in the beginning, the exercise should not last too long (30 minutes per day proved to be sufficient for the beginning); otherwise frustration will prevail.

2. Discrimination

The drug addict learns to discriminate between important and irrelevant themes such as self-sermons, daydreaming etc. Only through this process he will be able to sharpen his view of the reality.

3. Letting go

Instead of the repressing of thoughts, the drug addict learns to develop a feeling for the equipoise. This means neither repressing nor free course of thoughts. The thoughts are being accepted in their reality just as a background music, but ignored as an intention of active mental devotion. The result of this is a lowering of useless brooding, growing clarity and a sensation of great serenity[11].

4. Distancing and no identification

Through the explained intention, to focus all the awareness on the phenomenon of the breath, the meditator learns to distance himself from all the by-products, such as arising thoughts, images created by the fantasy, emotions and to face them in the role of an observer who increases his objective point of view. In this way, the experiences will be seen as phenomena, without letting them realise themselves in one's own inner self.

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[11] C.f. Walsh, R.N.: Meditation. In Corsini, 1983.

5. Control of the awareness and acceptance

The dexterity of the focusing of awareness is seriously restricted by the continuous consumption of drugs. While the drug addict learns again to withdraw his attention from arbitrary negative thoughts or self verbalisation, feelings of inferiority or of guilt, at the same time, the drug addict increases his acceptation of these phenomena. They tend to overpower him less and less. With the progressing of his experience, he can face his internal psychic phenomena with great tolerance and tranquillity.

6. Experiencing of the body

As a result of the focusing of the awareness on the inside of the body, at the same time, or maybe later in time, the realisation of sensations starts. Through the increasing and the control of the awareness, in a first moment, the drug addict can learn how to detach himself from the old conditioning pattern of craving in the sense of a total absorption in these sensations of the body. After some exercise and from the same distance, he is given the possibility to realise the sensations on the body. Through the distance and the objective attitude towards these sensations, he subsequently understands the law of the constant changing and the different types of body sensations.

Parallel to the other directions, the reaching of this stadium of distancing in the teaching of the awareness, should have the function of a criteria which will help to make a possibly biography- and development oriented decision which, in turn, will be the basis for the success of the teaching of *Vipassana*-meditation.

The awareness of respiration sets the ideal preparatory step for the even deeper confrontation with addiction that comes with the *Vipassana*-meditation, because, as an in itself closed system, it has a mind purifying and a stabilising function and is, in the same time embedded in the totality of the introspective meditation.

In addition to that there is another dimension:

The more the members of the team work on themselves, the better the interchanging processes between clients and the team workers will be. Through the growth of tolerance, tranquillity, equanimity and goodwill towards oneself, the emphatic attitude of the team and their mastery of the situation will increase[12].

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[12] Especially for drug addicts the role teaching in the therapeutic process is a very decisive experiencing and orienting source in order to understand their social behaviour, they have a very sensitive double moral and stiled sympathy. Therefore the quality of mature interactive reference at Start Again is a moment of great inspiration; but as far as programmatic attitude of consciousness and ways of looking at life have been proclaimed which had been standing in contradiction with the actual acting of the helper have been generating masssif resistance. The increase of empathy from the side of the team as a result of regular meditation is also documented among others in Lesh 1970, Leung 1973 and Speeth 1982.

In addition to that the single drug addict is given another very important point of view. Because of the addiction and his moving/ dipping in the subculture scene, during the rehabilitation process, the drug addict quickly realises his loneliness and isolation. He must try to avoid the old friends because the danger of relapse, put in motion by social contamination, is too big; this is why the contact with the old crew is too risky. Because of the fact that he has not yet made any new friends who would help him to avoid the menacing isolation, the temporary joining of the bondage system of the Narcotics Anonymous is a big help, although, there is the documented, implicit, danger of a stagnation oriented acting.

After the ending of the course, the participants of *Vipassana* courses usually keep in contact with each other voluntarily. Meanwhile, there are group sittings in quite all the major cities of the world. These meetings is usually organised by an experienced previous participant of the course and give the possibility of meditating, exchanging experiences, discussing problems and making new contacts with other, "more developed" meditators.
There is also a loose connection between the single groups of the most different countries, since it is they who organise courses, found institutions, support meditation centres etc.

Starting from early 1974 there is also a "*Vipassana* newsletter", which appears every quarter of a year and informs of courses, group sittings etc., and debates also theoretical aspects of meditation. Within all this, singles or groups also organise one, or more days during self courses in which the meditation can be deepened again.

All these circumstances have a very supporting effect on the social integration of the drug addict. In a natural way he finds contacts, new people, friends and, in this way, experiences stability , so that he is able to work on his addiction also on the social interactive level.

4. Milieu's conception and family centred therapy

The milieu conception of the drug therapy station Start Again grows out of the social phenomenological tradition and refers to the theoretical history of Max Scheler and Alfred Schütz.
Scheler introduces the conception of milieu on a fundamental level by saying that in everyday life we deal with things that have neither anything to do with the "thing as such", nor directly with scientific objects. In the acting of everyday life, we have to deal with "milieu objects" which lie in the "relative natural way of looking at the world" and are value units in the sense of acting objects. Therefore everything that belongs into this relative "natural way of looking at the world", is "given without questioning"; every object and content of the meaning in the structure form of the "given" without a particularly spontaneous act, and, generally, has no need for explanation because it is not put in doubt. Therefore the milieu is the totality of what is *felt as it is functioning* by an individual.

Through the above explained, our conception of milieu is nearing the phenomenological notion of the living world. Everyday world is there understood as the reality fraction that the awake, normal adult in his common sense dictated attitude defines as "simply given". The difference between living world and milieu lies in the reaching, i.e. the reality, that we find a common denominator in the "so far no problem causing behaviour", and the difference that the living world sets the basis to question the "until now unquestioned".

Therapy of addiction is the attempt to break a chain of events considered as obvious which are a result of a routine succession of the natural attitude towards experiences. This happens when the no putting in question of the experience "explodes", when appresented aspects of an object or anticipate stages of consciousness, which became a self event, become incongruent with the newly made experiences.

The drug therapeutic realities stimulate the addict to reflect on his experiences and interrupt the sequence of the chain of obviousness. The essence of his experiences in the milieu which, because of his reserve of knowledge, he has "so far", obviously, just left go by, is being discussed and he will have to reconsider it.

In this connection the systemic family therapy is playing an important role in our institution. During conversations, through the analysis of the structures and the relation patterns together with the families, from where our drug addicts derive, important elements for the rising, the maintenance and the therapy of the drug addiction are found.

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Vipassanā Meditation and DrugTherapy
by Dr.phil. Gerhard Scholz, director 'Start Again'

During the last few years leading addiction researchers were referring off and on to the criminal neglect of the Buddhist understanding of the problematic nature of craving by contemporary addiction researchers. However, this did not lead to concrete, useful concepts or practical realizations.

At the Suchttherapiezentrum [addiction therapy center] 'Start Again' in Zurich, daily Ānāpāna-Sati meditation was systematically integrated into a system - orientated concept of therapy. Increasingly more and more of the institution's clients are deciding on a voluntary basis to attend ten day Vipassanā courses to deepen their understanding of the practice of meditation.

Out of these practical experiences, and as a result of text-analytical studies, it is possible to give new decisive impulses towards a refined and improved understanding of the problems of addiction.

An extended theoretical concept of addiction in which the mental quality of craving (taṇhā) is enhanced by its causing factors, the sensations, could briefly in Dhamma terms, be described as follows:

The Dialectics of Physical Sensations and Craving - A New Theory of Addiction

The one denominator, from Vipassanā's point of view, or, on the basis of Dhamma criteria, is the continuous accumulation of the saṅkhārā of craving. These saṅkhārā of craving are creating themselves again and again through the 'desire for pleasant' and the 'desire for the absence of unpleasant' body sensations. These sensations are what keep the addict permanently entangled in his drug and also leads to an increasing loss of mental balance.

On this basis, the following pattern of explanation constitutes itself: The drug is taken. Because of its inherent physiological force, a certain type of physical sensation arises. The old habit of the unconscious mind, which is permanently in contact with these biochemical processes is, to react with craving to these physical sensations and therefore to multiply the mental patterns of reaction.

The drug user reacts with craving if the sensations are pleasant, if they are unpleasant he reacts with craving in the sense of aversion, i.e. wishing for the unpleasantness to go away.

As soon as craving, in the sense of desire, arises in the mind as mental reaction, it is accompanied by a pleasant sensation (in the same way as aversion is accompanied by an unpleasant sensation). Instantly, because of the old habit of the mind to react with craving, craving, with the characteristic to react blindly to these pleasant sensations, is generated again.

In this way the drug user pushes the clinging, in the sense of an increased

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craving (the eighth link in the 'Chain of Conditioned Arising') forward. It is followed by the sensual process of becoming (the ninth link), which leads through the following links of sorrow, grief and despair -regarding the attempt to maintain this state- to the multiplication of the mental formation of desire. Because of this, in the long run, the external stimulation of the drug becomes increasingly secondary .

With this the clinging to craving becomes the problem. Seen by itself, the mere craving for drugs means already the loss of mental balance and therefore suffering. However, the actual and much more disastrous entanglement is the bondage to the generated craving as such. This is so because through the dialectics of sensation and craving and the multiplication of the mental formations (sankhārā), desire results in desire for desire's sake, craving develops into desire, and finally into a habit of endless desire or addiction. In the drug addict's life this appears as this terrible agitation, as this erratic mind with which the individual has to fight.

As the drug user does not have any idea of how this entanglement happens, the suffering multiplies. This happens with great speed, deep within himself, on the mind body level. This cycle continues into ordinary life even when the drug user is not under the influence of drugs. He generates desire whenever he thinks of the effects of drug usage. This is accompanied by a sensation in the body, because everything that is generated in the mind results in a physical sensation. The memory is now the object of the perception. The memory is nothing else than the result of already existing mental activities, i.e. information already stored in the unconscious. This body sensation, which has manifested itself, is generating on a deeper level of the mind restlessness and excitement. Nevertheless, the drug addict starts on the superficial level to like this body sensation triggered by craving. He wishes to prolong it as this sensation is experienced as pleasant. When the desire is satisfied, the pleasant sensation which accompanied this craving also disappears. The drug user immediately starts to generate craving anew to regain the continuity of those pleasant sensations.

In this way the addiction development mechanism of craving continues. To get these sensations the drug user develops craving and clinging, increasingly looses the rest of his mental balance, and multiplies his suffering.

The next intake of drugs is preprogrammed to satisfy this constantly growing craving. However, the usage of drugs only carries the desire for the desire ahead. The ability to deal equanimously in day-to-day life with this lack of mental balance with regards to the experienced sensations is reduced again. The craving which itself cries for satisfaction, continues etc.. However, the renewed taking of drugs -provided that purity, concentration, and method of application are the same- can no longer produce the initial sensual satisfaction. The mental craving has grown so that the same amount of the drug no longer has the same effect.

It has to be emphasized that the drug's impact can only be the trigger of a phenomenon which increasingly works on its own. The cycle of addiction behavior stimulates itself through the mental reactions relating to the experienced physical sensations.

The sensations, induced through the usage of drugs, cause the mental craving which in turn manifests itself in sensations. These sensations then again cause

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craving. Because of this, clinging develops in the long run which again, through multiplication of the mental formations, develops into clinging to craving. As it is this craving which increases, it is craving itself which becomes a problem, and becomes suffering. The object of the fundamental entanglement is no longer the addiction to the drug, but simply the establishment of **craving as addiction.**

It follows that the object of craving increasingly becomes secondary as has been proven by, amongst others, Polytoxicomany and by quitting drugs through alcohol addiction etc.. The fact is that the mind looses its balance with every drug input. Out of craving develops increasingly a desire for the desire. Through this increased desire, develops a habit of craving which finally results in endless greed.

The intention, to escape from unpleasant sensations and to produce pleasant ones through drugs, results through the multiplication of craving in the paradox that the escape from the unpleasant towards the pleasant feeling itself becomes the drug. This includes the implicit danger that the affected person completely sinks into the process of autonomy loss. This is because the perception changing substances are used again as agents in the dilemma which was caused in principle by themselves in the first place.

Out of this inner compulsion, the social entanglement of the addiction then continues to proceed. This means, that this crucial element in the development of addiction is very much embedded in a dynamically happening social process of interaction. Sequences of interaction, which in their social quality are comparable to the normal acquisition of behavior, increase or decrease the establishment of the development of addiction. However, the key problem is a mental one: the dialectics of craving and sensations as governing principle and the gradual loss of mental balance. A loss of mental balance in the sense of a steady increase of craving with regards to physical sensations is put into motion through the taking of drugs. This dynamism then interconnects with the micro and macro social processes of interaction.

The Dissolution of Craving - A New Perspective of Intervention

Here, two aspects have to be implemented:

The first one is to break the barrier between the conscious and the unconscious mind so that the conscious mind, which for the most part does not know about the sensations, gets freed from its ignorance and becomes receptive to the perpetual world of experience, with regards to the sensations, of the awakened unconscious. The reason being that it is the deepest level of the unconscious which is in permanent contact with the biochemical processes of change of the bodily sensations.

The second aspect is the mental state of equanimity. The means of achieving this is equanimous observation with thorough understanding of these sensations, which follow each contact and which cause craving. Through the equanimous observation, no matter how momentary, with thorough understanding of the impermanent nature of the sensations (*aniccanupassi viharati*), the drug addict brings about their passing away (*vayanupassi viharati*). He does not cling to them

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(virāganupassi viharati), he observes their fading away (nirodhanupassi viharati), and he comes bit by bit out of their entanglement. In this way he gradually uproots the 'latent tendencies' (anusaya), which have been dominating him, but which can no longer cause him harm. When he perceives an unpleasant sensation, he tries not to allow himself to be disturbed by it. He just sees it as an unpleasant sensation, remains dissociated, and does not roll in these experiences. His mental state remains balanced and does not get disturbed.

In the same way he deals with the pleasant physical sensations. He takes them for what they are - pleasant sensations. However he does not get entangled in them. He understands their true nature of impermanence on the experiential level and does not react to them with craving as this would only produce suffering. He does not cling to these sensations. He knows that sooner or later these pleasant sensations will pass away. By avoiding craving with regards to the experienced body sensations in this way, he uproots craving at the same time. This is so because these sensations cause the arising of craving.

Even if he should experience neutral sensations, neutral sensations accompanied by a deep calmness of the mind, he is not getting tempted to react with craving. He remains unaffected by these phenomena and understands that this type of sensation -as both others- is also impermanent.

By the drug addict's learning to equanimously observe his sensations arising within himself -in order to realize the impermanence of the phenomena- he starts the process of elimination of the mental formations (sankhārā).

The most fundamental nature of the sankhārā is to arise and to pass away because these mental patterns of conditioning are, as all other phenomena, impermanent. The sankhārā arise and pass away in order to arise again in the next moment. These sankhārā are caused by the reactive entanglement of the craving mind which functions in the sense of an intensifying force field. In this way the mind structure multiplies itself and keeps itself in motion. However, if one develops, on the level of body sensations -and this means on the level of experience- knowledge about the true nature of things and observes them in a 'subjectively objective' way, then the process of multiplication stops and the one of elimination begins. A mental pattern of reaction arises and is accompanied by a certain type of bodily sensation. If the drug addict remains equanimous towards these sensations, the mental pattern of reaction looses all its impact and becomes extinguished. Now layer after layer of the old accumulated sankhārā will arise and, provided he remains equanimous, these old mental patterns of conditioning will also be eliminated. The drug addict is free from his addiction to the extent to which the totality of the accumulated sankhārā of craving is eliminated: he enjoys total freedom from addiction provided that all sankhārā of the behavior of addiction are eradicated.

Nevertheless, the individual addict has to go through this process on the practical level. In order to develop autonomy, i.e. independence from the established mental habit patterns of addiction to craving, intellectual studies are not enough. This is so because addiction is not, as many believe, also a psychic-mental problem but

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has to be seen as such in the first place. Accordingly, autonomy is first of all a mental quality. It is the ability to act on the arising sensations without craving, instead of helplessly being a victim of the deep rooted blind habit patterns of desire and aversion. Only after these mental stirrings does action, in the sense of an outwardly focused activity, take place. An activity, which then along with autonomy as a mental quality, starts interacting. The more helpful and the more supportive these outward factors are, the better for the process of recovery.

The 'Suchttherapiezentrum' [addiction therapy center] 'Start Again' started working with heavy drug addicts in Zurich, Switzerland in October 1992. The institute started on quite a small scale and now 35 people are permanently employed with 35 to 40 permanent clients. Starting January 1996 there will be 45 employees with approximately 55 clients.

The aim of 'Start Again' is to systematically add the deeper dimensions of Ānāpāna-Sati and Vipassanā meditation to conventional therapeutic approaches.

Altogether it is the innovative and skillful interconnection of four quite different elements.

1. a systematic drug addiction therapy,
2. the inclusion of Narcotics Anonymous' understanding of addiction and the participation in their meetings,
3. Ānāpāna-Sati and Vipassanā meditation,
4. a systematic partner and family therapy.

Here, the purpose of the meditation is to give the client the opportunity to critically analyze the base of the development of addiction.

22 of the 25 clients who have been discharged after receiving regular therapy are socially and professionally reintegrated and no longer take any hard drugs.

The employees practice alongside the clients in daily meditation. This daily hour of meditation is counted by 'Start Again' as working hours. All of the employees who want to participate in a Vipassanā meditation course are granted, in addition to their five weeks of yearly vacation, another two weeks to sit one course per year. Because of this it is not surprising that almost all employees of the Suchttherapiezentrum 'Start Again' have participated in at least one course and that most of them practice this technique regularly to be better able to deal with the demands of their daily work with drug addicts.

The Ministry of Justice just recently granted $ US 300,000 over a three year period, for an evaluation of the new ideas especially the meditation, in the Suchttherapiezentrum's concept.

1   Introduction

1.1   The evolution of this investigation - a brief personal account

It is rather unusual for a scientific study to be frank about its history—where its roots lie and where the ideas that marked the beginning of a long and complex process of research originally sprouted. My research and the data evaluations it involves have convinced me that the pragmatic framing of a sequence of action or expression is essential for its understanding. Thus, I always find it regrettable that such information often remains undisclosed in presentations of research. I feel that the initial framing of the study, as presented here, runs through its entire fabric, and so can contribute in an essential way to the understanding of the study.

Looking back after completing this case study of the *Start Again* drug addiction rehabilitation centers in Männedorf and Zürich, the many preconditions and "chance" occurrences that proved essential to the completion of this study seem to me an astonishing chain of events. For the reasons outlined above I would like to share these with those who read this work.

I first met Dr. Gerhard SCHOLZ, the current director of *START AGAIN*, in the summer of 1992 (before *START AGAIN* was founded), when SCHOLZ was on the scientific staff of Zürich's department of social welfare. The meeting was arranged by a mutual acquaintance, who felt it might be stimulating for both of us. In retrospect I can say that this was definitely the case. At that time I was about to complete my dissertation in mathematical physics at ETH Zürich—addiction and therapy was not part of my official interests. However, along with my academic involvement in mathematical physics I had a strong interest in epistemological questions. Scientifically, these questions related to quantum theory, but more generally I maintained a curious but critical theoretical and practical engagement with various ancient and modern systems for the development and conceptualization of insight, as well as with contemplative, meditative, therapeutic and naturopathic practices. (I had, in fact, pursued studies in these areas for many years.)

I was very inspired by the discriminating knowledge and varied practical experience SCHOLZ possessed in the old Theravada Buddhist practices of *anapana-sati* and *vipassana* (hereinafter described jointly as "Vipassana") and associated topics. When I went to Leuven (Belgium) for two years to join the scientific staff at the Katholieke Univer-

siteit in early 1993, I took along SCHOLZ'S dissertation[1] to read. Inspired by it, I started to systematically investigate the research methodology of the *objective hermeneutics* of Ulrich OEVERMANN[2], paying special attention to how it related to my study into "consistent" and "rational" processes of deduction and the question of generating the new (which PIERCE calls abductive deduction).[3] While engaged in the study of this field, I also became increasingly involved in the study of the interdisciplinary discourse between cognitive neuroscience (especially the *neurobiology of decision-making*[4]) and that branch of mathematics and mathematical physics engaged in the formation and analysis of cognitive models.

In those days I was already aware of that central tenet of neurobiology—still current today—that assumes a single common trait for most of the addictive drugs, despite their pharmacological differences. That is that all addictive drugs modulate the activity of the *dopamine system of the cortex*. The cortex is the neural system that neurobiological experiments and mathematical models suggest plays a very important role in (automatic) decision-making and the learning of specific information associated with decision-making.[5] Still, it was only after a remarkable personal experience that addiction and therapy research become a central concern to me.

Inspired by SCHOLZ'S dissertation and, more importantly, by my own experience of a 10-day Vipassana retreat, I started to delve more deeply into a study of Theravada Buddhist metaphysics (of the *Abhidhamma Pitaka,* the third basket of the *Tipitaka* or "three baskets"). Thus, I became engaged in the theoretical and practical study of Vipassana, which is an experientially based systematic investigation of "psycho-physical processes of interaction and interdependence." At the same time, I was investigating mathematical models of the "neurobiology of decision-making." Working between these two distinct fields, generative questions like the following arose in my mind with ever increasing force:

"What is the structural core of addictive behavior and how can it be clearly defined? How much of what I do in day-to-day life as a scientist and person—or in popular terminology, for professional and personal self-realization—could be fundamentally characterized by aspects of addictive behavior? Would it be desirable to progressively transform the structural elements of my everyday actions and how would it be possible to do this systematically and methodically? Are the Buddhist insights and teachings of Vipassana (which traditionally claims to be precisely for the purpose of insight) accessible to people socialized in the West, and do they offer a path leading to "structural transformation and maturity?"

The list of these questions could easily go on. These concerns reflect the process through which I slowly came to understand addiction—or *addictedness* [6] as I would call

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[1] G. SCHOLZ, *Vipassana Meditation und Drogensucht: Eine Studie über den Ausstieg aus der Herrschaft der Attraktion Droge*, Dissertation (Universität Zürich, 1992).

[2] See chapter 2 below.

[3] Cv. U.M. STUDER, Wahrscheinlichkeitstheorie als Logik: die formale Struktur konsistenten Schlussfolgerns. Zwischenbericht ans Bundesamt für Justiz vom Dezember 1996, Teil 2 (*START AGAIN*, Zürich, 1996); and J. REICHERTZ, Abduktives Schlussfolgern und Typen(re)konstruktion: Abgesang auf eine liebgewonnene Hoffnung, in T. JUNG und S. MÜLLER-DOOHM (Hrsg.), *"Wirklichkeit" im Deutungsprozeß. Verstehen und Methoden in den Kultur- und Sozialwissenschaften* (Suhrkamp, Frankfurt a.M., 1993), 258-282.

[4] Cf. A.R. DAMASIO, H. DAMASIO and Y. CHRISTEN (Hrsg.), *Neurobiology of Decision-Making* (Springer, Berlin/Heidelberg, 1996).

[5] A comprehensive discussion on this can be found in subsection 7.3.3 and in appendix A7.

[6] See section 7.3 below

it these days—to be *a potentially universal phenomenon that structures human action*. I became more and more drawn to the idea of doing a comprehensive study of this phenomenon from a variety of perspectives.

When I stayed in Switzerland for a few days in the autumn of 1993, SCHOLZ and I met again for an exchange of ideas. By this time he had become the director of *START AGAIN*, a new addiction treatment facility in Männedorf. He told me that when approached for funding prior to the opening of *START AGAIN*, the Swiss Ministry of Justice had signaled interest in and possible financial support for a formal evaluation of *START AGAIN'S* innovative therapeutic program as a "model trial." He asked me whether I could see myself coordinating such a case study. I felt that such a study presented a *great opportunity for interdisciplinary research* because it would combine the basic social science orientation of *START AGAIN*—in the meaning-reconstruction tradition of objective hermeneutics—with the attempt to implement the ancient practice of Vipassana in the context of drug rehabilitation. This would mean that various social science and statistical analysis research methods would have to be applied for testing a range of theoretical and practical therapeutic concepts. This in turn would have to take place under the magnifying glass of a real, working addiction therapy environment.

Before a funding application for a case study of *START AGAIN* could be lodged with the ministry in February 1994, I needed to ensure the support of suitable scientific advisers. On my return to Leuven, I paid several visits to the nearby city of Maastricht to see one of these advisers, Prof. Charles KAPLAN, who was working at the International Institute for Psycho-Social and Socio-Ecological Research (IPSER). Dr. KAPLAN, an addiction researcher of long standing in the United States and Europe, offered me a lot of encouragement, especially in referring me to examples of the application of modern Bayesian statistical techniques for data analysis, a field I was studying and teaching at the time in Leuven.

The second person important to the study was Prof. Bruno HILDENBRAND, then lecturer at the Berufsakademie in Villingen-Schwenningen in Germany, and now a professor in socialisation theory and micro-sociology at Jena University. He was prepared to supervise the study and assist me, most significantly by providing advice and training in sequential text analysis (the central practical research strategy employed in objective hermeneutics) based on real study data.

I should point out that neither of these two advisers is responsible for any omissions or mistakes in this study. The responsibility for all shortcomings is mine alone. I am deeply thankful for the support and encouragement of my two supervisors, without whom this study would never have come to be.

The final part of the history of the development of this study does not take long to tell, although it covers a period of 18 months. In May 1994 a study proposal submitted by *START AGAIN* for evaluation by a committee at the Ministry of Justice. Before a final decision could be made, representatives of this committee visited the institution at Männedorf in July 1994 and *START AGAIN* was asked to provide additional information about their therapeutic concept. Final approval for the study was granted by the Swiss Department of Justice and Police in April 1995, for a period of three and a half years. The study commenced in July 1995.

1.2 The aims and organization of this case study

1.2.1 The aims of this case study

START AGAIN, a drug addiction rehabilitation center, is seen as an "innovative model institution." Thus, the primary aim of this case study is *to understand* its workings, not only to describe them or classify them into predetermined categories. The central questions pursued in the study are as follows: What are the structural characteristics of the institution's conception of addiction rehabilitation? Against what theoretical and practical backgrounds did these characteristics develop? To what extent is this conception applied in practice, or what is necessary to apply it? What particular experiences of reality or processes of constructing reality characterize the clientele and personnel of this institution? What kind of therapeutic processes occur in the *START AGAIN* environment and what kind of effects do these have in the short and medium term? (In the years to come it would also be interesting to do a follow-up study on the long-term effects—say over a 5-year or 10-year period—of receiving treatment at *START AGAIN*.)

Along with these essential questions regarding the *particulars* of *START AGAIN*—investigated using "qualitative reconstructive" and "quantitative empirical" sociological methods—we are interested in systematically comparing and relating the insights obtained from the study to the pool of *general* scientific findings. For example, the study features statistical comparisons of *START AGAIN* with the "average" profile of clients of other residential addiction therapy institutions in Switzerland[7]; it looks into sociological theories of socialization; makes use of insights into the neurobiology of addiction; and considers the professionalization of therapy. On this general level we are also interested in the scope for generalizing the methods and insights obtained through *START AGAIN* and the extent to which these can be applied in other contexts.

To precisely define the subject of this investigation, we should note that the study focuses on the *first five and half years of START AGAIN*—the period between the institution's opening on October 1, 1992, and March 31, 1998. Originally, *START AGAIN* was referred to as an "addiction therapy station." In April 1996 this official description was replaced by the dialectical formula "addiction therapy center for drug addicts."[8] *During the period of the investigation 194 clients entered the institution (10 clients entered twice) and 174 left, either departing early or on completion of treatment.* These clients form the pool from which the random samples used to make the generalizations herein are drawn. They also provide the individual cases on which the reconstructively developed structural generalizations are based.

1.2.2 The organization of this case study

The content of the present study is divided into two main divisions. The 11 chapters, the **main body**, provides a coherent, comprehensive overview of various points of emphasis and the results derived from the case study of *START AGAIN*. In the second division of the study, the **appendix and background information section**, selected topics from the chapters are explicated in greater detail, in respect to both the data and its analysis. Tables, explanations of the scientific methodologies used and some original documents are also presented here.

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[7] The basic data for this is provided by annual entry- and departure interviews conducted by FOS, which are financed by the Ministry of Health; these have been conducted Switzerland-wide since 1995. See chapters 4 and 9.

[8] The particular of drug addiction is related to the universal of addiction, i.e. to "addictedness"

The 11 chapters (and in the similarly structured appendixes) are built up out of the following four key aspects of the study:

I. **Methodological framework of the study**

II. **The clientele of** *START AGAIN*

III. **The particular and general in** *START AGAIN*

IV. **The evaluation of processes and effects - what** *START AGAIN* **achieves and how?**

The discussion of all these four aspects consistently occurs on two levels, signified by the third aspect above—the dialectical relationship between the particular and the general; this means

1. The *realm of the particular,* in which specific data is analyzed and *START AGAIN* is considered as a singular case;

2. The *realm of the general,* which identifies what, from the study, is valid and relevant beyond the boundaries of *START AGAIN*

Aspect I: Methodological framework of the study

Chapter 2 deals with the first of the aspects listed above. It discusses the methodological framework and research processes. The research rests on two foundations. The first is the reconstructive social science methodology of the single case study—after Ulrich OEVERMANN, Bruno HILDENBRAND, Barney G. GLASER and Anselm L. STRAUSS. The second is statistical analysis techniques from the field of probabilistic logic (including Bayesian statistics), a field developed since the 1950s by Sir Harold JEFFREYS, R.T. COX, George PÓLYA, Edwin T. JAYNES and many others.

At the same time, the terminological frame of reference established in the discussion of the first aspect represents an explication of *START AGAIN'S* underpinnings in the social sciences. Some of the central terms explained here include life praxis, (objective) structures of meaning and (latent) structures of significance, case structure (regularities), and life-practical autonomy. Also explained is the concept of addiction as a special form of damaged autonomy.

Appendix A2 contains remarks about the framing conditions for the case study particular to *START AGAIN*, and an example research interview and accompanying sequential analysis (Kurt: "Between cool *impression management* and the tender experience of mutuality").

Aspect II: The clientele of *START AGAIN*

The second aspect contains chapters 3 and 4 and their respective appendixes, A3 and A4. In chapter 3 a structural model of damaged life autonomy is developed, based on the reconstruction of the family histories and biographies of several *START AGAIN* clients.

As example reconstruction of the cases of the Kaiser-Maier family ("Disintegration and stigmatization") and a biographical analysis of Beat Kaiser ("Sharp but with an emotionally unbalanced intellectuality") are represented. The structural core of the developed model is the form of a "pathological split or short-circuited "either-or" thinking, feeling and acting. In light of this model, the task of rehabilitation from addiction—from a structuralist perspective—can generally be formulated as: "Fostering a relative increase in life-practical autonomy—a structural transformation that dynamically promotes an attitude of being open to the future; an "as-well-as" type of thinking, feeling and acting. The central therapeutic theme of chapter 3 is the difference between post-socialization and re-socialization. A general structural model of the socializational genesis of autonomy plays an important part in determining this difference.

Appendix A3 contains the lightly edited protocols of the sequential genogram analysis of the Lang-Gomez family ("The habitual export of the excessive") and a biographical analysis of Natalie Lang ("The incessant search of oneself in the other and of the other in oneself"). These serve to contrast the case material in chapter 3 and possibly provide immediate insights into the reconstructive extraction of the "solidified" biographical data upon which the research and therapy are based.

Chapter 4, along with the tables in appendix A4, systematically contrasts the statistical profile of the START AGAIN clientele upon commencement of therapy with that of the client pool of the research association for stationary therapy (FOS) in the years 1995 to 1997.

The contrasting dimensions are: (1) socio-demographic data; (2) situation on entering treatment and structural integration in the year before the treatment; (3) structural resources and deficits; (4) social networks; (5) drug use and experience; (6) health; (7) institutional experience and contacts with the law; and (8) motivation for treatment.

Aspect III: The particular and the general in START AGAIN

This aspect is covered in chapters 5 to 7 and corresponding appendices, A5 to A7. Chapter 5 provides an orientation into the basic therapeutic concepts that underpin START AGAIN. It also gives an overview of the history of these concepts and the operation of START AGAIN between spring 1992 and autumn 1998.

It is marked by six structurally separate phases. These are: (1) founding phase; (2) development phase; (3) first consolidation phase; (4) phase of purchase and modification of the BERNER estate in Zürich; (5) crisis and restructuring phase; and (6) a "digestion phase," the experience with BERNER and the adoption of a new concept: "START AGAIN starts again." A comprehensive chronology of these events can be found in appendix 5, section A5.1.

The seven reconstructed dimensions, within which the structural core of the history of START AGAIN is located, are summarized at the end of chapter 5. These dimensions incorporate the productive coexistence of several opposing structural elements, for example the opposites of urban (Zürich) and country (Männedorf) in relation to the actual geographic and socio-cultural locations of the two institutional wings of START AGAIN. Furthermore these include the opposing poles of extended family and organization. While the institutional hierarchy unfolding between these poles is characterized by constant change, therapeutic innovation and also latent and manifest failure, it is also marked by steady efforts towards a constancy amidst the change and a consolidation of micro-economic and organizational framing conditions.

Chapters 6 and A6 are dedicated to the general structural logic of the basic interventive elements of START AGAIN. The following are discussed: (1) professional systemic therapy; (2) the philosophy of Narcotics Anonymous, which is integrated into treatment; and (3) the old practical system of anapana-sati and vipassana (or simply "Vipassana").

The conjunction of these different basic elements reveals the core of the START AGAIN case structure to be multi-layered and multi-dimensional. In this contradictory unity,[9] the different dimensions (systemic therapy, self-help along the lines of Narcotics Anonymous and Vipassana) are ordered according to their specific scope in the process of recovery. In other words, START AGAIN as a whole, represents a multi-layered and multi-dimensional "as-well-as" formation, which, when realized, contrasts dramatically

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[9] The dialectical term of "contradictory unity" describes the productive (i.e. dynamically liberating) coexistence of related pairs of opposites that stand in irreconcilable contradiction to each other

with the pathological "either-or" thinking, feeling and action of its clientele. The evaluation of its processes and effects reconstructs the "institutional *role modeling*" of *START AGAIN* on a structural level, revealing that a fundamental feature of the program is a continual capacity to initiate individual processes of recovery.

Chapter 7 focuses on the particulars of *START AGAIN* and reconstructs a new type of generalizable therapy called "**deep systemic therapy.**" As specifically implemented in the context of addiction therapy, this type of therapy is explicated in chapter 7 through a discussion of the "deep-systemic" anthropological view and *START AGAIN's* conception of addiction.

START AGAIN sees the genesis and maintenance of addiction—and in theory, the reverse of this process: recovery from addiction—as a pathological conjoining of two factors. (1) a particular, damaged socializational development and individual biography; and (2) a substantially derailed psycho-physical dynamic of mutual reaction between mental craving and physical sensations. In this psycho-physical dynamic the intensity of physiological impulses and the sustained neurobiological effects of drugs on the brain play an important, though not exclusive, role. Very recent hypotheses on the neurobiology of addiction are summarized in appendix A7.

"**Addictiveness**" and an **extended definition of autonomy** are key terms for understanding the deep-systemic nature of the therapy practiced at *START AGAIN*. Addiction, be it universal or specific, points towards an action potential that develops cumulatively. It causes an individual (in general or in specific cases) to react with craving or desire towards the pleasant and with aversion towards the unpleasant. The extended definition of autonomy complements the social action-orientated definition of autonomy with reference to the psychological dimension of the ability to "manage" bodily sensations. These physical sensations are arising permanently in every individual, though they are generally perceived only subconsciously. The ability to work with them means learning to become aware of them with clear comprehension and an attitude of mental balance i.e. equanimity. Hence this new definition conforms with the ancient Buddhist understanding—verified by recent neurobiological findings—that this ceaseless psycho-physical process of "feeling sensations" is very deeply connected with generating blueprints for action, habitual decision-making and, indeed, every form of social action.

In practical terms, deep-systemic therapy combines post- and re-socializational forms of intervention directed at promoting the social, practical dimension of autonomy with a specific form of methodically controlled mental training (Vipassana), which aims at developing the psychological dimension of autonomy. This is achieved by working on the blind routines of assigning significance, the basis of universal addictedness.

Aspect IV: The evaluation of processes and effects - what *START AGAIN* achieves and how?

This aspect is covered in chapters 8 to 10 and the tables of appendix A9. In chapter 8 we reconstruct the status of professional therapy practiced at *START AGAIN* on the basis of therapeutic records. We turn to the question of the relationship between claims and reality. The most important basis for the discussion is the structural model of professionalized therapeutic action presented at the start of chapter 6.

In the second part of chapter 8 we characterize *START AGAIN*, in general terms, as a place of transformation, giving examples based on the analysis of sequences from the therapy sessions of Beat Kaiser and Natalie Lang, whose family histories and biographies are analyzed in chapter 3 and appendix A3. We also look at the specific effect of individual elements of intervention at *START AGAIN* and discuss the special structurally transform-

ing potential that grows from the conjoining of these elements. The main foci are the logic of "negotiation processes" characteristic of *START AGAIN'S* deep-systemic therapy, the effect of the *anapana-sati* practice and the potential effect of 10-day *vipassana* courses.

Supported by reconstruction, we arrive at the following thesis regarding the daily practice of *anapana-sati*: The training of mindfulness is the natural result of persistent focusing of awareness and the practice of *anapana-sati* may well be called a stress management technique in modern parlance.

As for the potential effect of 10-day *vipassana* courses, we reconstruct five classes of potential effects. These are (1) effects on the level of social action; (2) somatic and psychosomatic effects; (3) effects in connection with methodical self-observation, self-control and coping; (4) effects of a deep psychodynamic kind; and (5) promotion of wisdom and fundamental structural optimism. Chapter 9 and the associated tables in appendix A9 offer a systematic statistical description of *START AGAIN* clients at the time of leaving therapy. Furthermore, they contrast statistical profiles of *START AGAIN* clients upon leaving therapy with those of the client pool of the Research Association Stationary Addiction Therapy (FOS) during the years 1995 to 1997, in terms of various factors. These are (1) details of the therapeutic stay and the mode of departure; (2) structural and legal state upon leaving or transfer to an external share house; and (3) social contacts upon leaving or transfer to an external share house.

In chapter 10 we summarize the empirical chances of success and probabilities of a serious relapse for different subsets of the *START AGAIN* clientele. These probabilities are developed throughout the study and always tied back to the reconstructive processes of research. In order to determine the level of rehabilitation achieved by clients who leave the institution, the determining factors are the reconstruction of a relative increase of life-practical autonomy and an evaluation of the degree to which addictedness has been worked upon in the second year after leaving therapy. In practice, the evaluation of success involves the following four aspects of rehabilitation. These are (1) creation of diffuse and specific social relationships and real social networks; (2) structural integration (employment- and/or training situations, living situation); (3) the use of hard drugs and other drugs and law abidance; and (4) the continuity of personal efforts to try and make sense of addiction after leaving therapy.

The primary aim of the success and relapse evaluation in chapter 10 is not to assess *START AGAIN* on some scale of therapy success from the literature, although this is touched upon also. Rather, the evaluation is a "diagnostic process"—one consistent with the therapeutic concept and practice of the institution. This process implies an understanding of the different realities involved in treating different types of clients and of the differences that have resulted over time as a result of changing operational and political frameworks. In relation with the last point we refer back to the history of the conception and operation of *START AGAIN* in chapter 5.

A summary – a generalization of the results of the case study and their application in other contexts

The final chapter, the 11th, presents a reflection on the practical benefits of START AGAIN'S approach and the potential of applying the practical research activity implemented in the present study, all from the point of view of the researcher. Secondly we summarize the most important insights and results of the case study in thesis form and comment on possible generalizations and possible transfers into other contexts.

Final remarks

Initially the case study was planned to have three phases (1. a conceptual and theoretical framework of START AGAIN; 2. a reconstructive qualitative analysis; and 3. a quantitative empirical analysis)[10]. These perspectives were maintained but it became obvious that a linear time frame was inadequate. Therefore this plan was superseded by a more responsive, dynamic interrelating of the different perspectives and research methods.

1.3 Credits

As the director of this study I first and foremost would like to thank the START AGAIN drug treatment centers in Männedorf and Zürich. I especially thank the board and directors of START AGAIN for providing excellent conditions for my case study. In particular I would like to single out the president, Dr. Robert SEMPACH and the general director of START AGAIN, Dr. Gerhard SCHOLZ. It was a privilege to collaborate with the staff and clients of the institution over the past three and half years. I greatly value their unreserved communication, the insights they gave into all aspects of START AGAIN and the opportunity they gave me to participate in many personal stories and experiences. Being introduced to the team and the clients by Gerhard SCHOLZ and the two former section coordinators Sergio MANTOVANI and Marianne BAUMANN-WÜRGER, was of central importance to the success of this study.

As indicated in the brief history at the beginning of the introduction, this study would not have been possible if Prof. Bruno HILDENBRAND (Jena) had not introduced me to the methodology of reconstructive social-scientific research of individual cases and (especially) to the art of (fine-) sequential textual analysis. He did this in a thorough manner and in view of the application, i.e. directly with data from the study. For this, and for supervising me for a number of years I am indebted to him.

I would also like to thank Prof. Charles KAPLAN (Maastricht) for many suggestions and helpful professional support and Prof. Ulrich OEVERMANN (Frankfurt a.M.) for a very inspiring research colloquium at START AGAIN as well as for the opportunity to participate in and contribute to the two recent annual conferences of the working group for objective hermeneutics, e.V., at the J.W. Goethe-Universität in Frankfurt a.M.

Among those to whom I owe graditude for contributions to data surveys or analyses, I would like to mention three graduates of the Villingen-Schwenningen professional academy and Fachhochschule Köln. These are Arndt MÜLLER,[11] Carola XANDER[12] and

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Nicole KLEIN,[13] who all chose me as their supervisor when writing their diploma theses in social pedagogy or social work on an aspect of *START AGAIN*.

I would also like to thank Gerhard SCHOLZ, Sergio MANTOVANI, Edgar SEIDEMANN, Ingo HANISCH, Werner VOGD, Hannes UMMEL, Gesa-Maren GORDON, Felicitas ENGLISCH and Mark HONEGGER (transcripts) for contributing to the study at various phases.

The exceptional graphics of the anatomy of the human brain in chapter 7 are the work of Dr. Renato BERNARDINIS.

For their scrupulous reading of chapters 4 and 9 and corresponding appendices A4 and A9 (based on data from the Research Association Stationary Addiction Therapy (FOS)) and for their suggestions for improvements, I thank Anja DOBLER-MIKOLA, the project director of FOS, and Esther GRICHTING, a co-ordinator, both of whom work at the Institute for Addiction Research in Zürich.

A three-week visit to the Ming-Te Branch Prison (Drug Rehabilitation Center) in Tainan County, Taiwan in July 1996 provided me an exceptional opportunity to better understand the practical system of Vipassana and its application in the context of a prison. To all those who made my visit possible, I would like to express my heartfelt gratitude: Prof. CHANGE Chen-Huang, Prof. Chung-An LIN, Mr. N.O. PATIL and Michael DRUMMOND. Furthermore, my sincere gratitude goes to Vipassana Acharya S.N. GOENKA, along his wife and his brother, Mr. R.S. GOENKA, for inviting me to a meal in their temporary residence in Kaohsiung (Taiwan). At this inspiring meeting we were able to discuss Vipassana, Vipassana prison courses in India and Taiwan, as well as science.

For their special support and help in getting me theoretically and practically acquainted with the "inner spaces" of the practice of Vipassana, I thank Flo LEHMANN, Gerhard SCHOLZ and the Vipassana teachers responsible for Europe, Drs. B. and K. GANDHI.

I would like to thank the Swiss Department of Justice and Police for their generous subsidy of the case study. Also, thanks must go to the Ministry of Justice (especially the section responsible for penal affairs) for the far-sighted and fitting framework they afforded to the study and for their continuous interest in my work on it.

Last but not least I wish to thank my wife and my two sons. Their love, encouragement and benevolent attention never ceased, despite the many nights and weekends I spent immersed in analysis or writing and was not available for them.

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[13] *Die Bedeutung der Vipassana-Meditation in der Arbeit mit suchtkranken Menschen,* Diplomarbeit (Köln, 1997)

2 Methodology – An Explication of the Social Science Behind the Concept of START AGAIN

2.1 Methodological framework of the study

This case study on the START AGAIN drug rehabilitation centres in Maennedorf and Zurich is intended to methodically provide an insight into the workings of the institution. The study hopes to offer a rational and comprehensible assessment of the facility for both drug addiction professionals and general readers. In short, our aim is *to understand START AGAIN.*

The research strategy adopted to achieve this goal involves a complementary combination of „reconstructive/qualitative" and „empirical/quantitative" methods. On the one hand, we make use of non-standardised or clinical (involving researchers in encounters) methods such as data surveys and reconstructive/logical or structural data analysis evaluations;[1] on the other hand we use standardised (as „researcher-independent" as possible) data surveys and subsumptive/logical evaluations. In short, these clinical/reconstructive/logical procedures imply that a case (whether applying to an individual, family, group, organization etc.) is recognised as an independent unit of investigation and (in part through dialogue with the researcher) its unfiltered, unselectively recorded figures of expression are evaluated sequence-analytically in the „language of the case" itself. Standardised/subsumptive/logical procedures consider a case as an element in an empirical mass of carriers of features that can be subsumed into pre-existing operational categories or categorised under classificatory terms. Both approaches are outlined more comprehensively below.

The need to include *clinical data surveys and reconstructive/logical data evaluation* is due to our social science perspective, which dictates that not only should social contexts be included in the survey in the form of classification characteristics, but that these complex behavioural contexts should also be understood in their essential logic, since

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[1] We have to add that the social sciences that rely on reconstructive techniques hold a very specific notion of structure. „Structures" are not just bodies of elements that stand in a specified, static relation to each other. Rather, they are the regularities that characterize a life praxis or a social context and which are revealed in a sequential reconstruction as recognizable, characteristic choices made from the possibilities. In this observation, structure and process are conflated. We set out to understand the underlying qualities of regularities in phenomena. See OEVERMANN (1996b: 9f.).

every person included in the survey always exists as part of specific social and structured contexts. In this sense, case or evaluative research is always concerned with the *systematic consideration of the principle of subjective interpretation*, which means that „in contrast to the natural sciences, we are researching realities that have already been interpreted by those who are acting as agents of the investigated reality."[2] Or, expressed another way, „human reality is interpreted reality, constructed in processes of interaction."[3] In line with this basic position we see this case study or comprehensive evaluation of *START AGAIN* as an (ethnographic) *study of the environment*, i.e. as a case study of a comprehensive social interrelatedness.[4]

In putting this research approach into practice, we made use of the extremely well thought-out and polished methodology of OEVERMANN's **objective hermeneutics.** The basic and most central terms and concepts of this methodology are presented coherently (as a whole) in section 2.2 below.

In places we complement this methodological framework with various effective practical research procedures which result from the conjoining of the above methodology with elements of the **grounded theory**[5] proposed by HILDENBRAND in his study about the methodology of single-case studies or case reconstruction research.[6]

The motivation for the inclusion of *standardised and subsumptive/logical procedures* is twofold. Obviously the most important advantage of standardised procedures (and the biggest danger of being seduced by them) lies in the fact that they make surveys economical and that later evaluation is in a sense pre-programmed by the operational characteristics of the data surveys themselves. We will make use of this in comparing the characteristics of *START AGAIN* clients at entry and exit from therapy with those of a large pool of drug treatment patients from a number of addiction treatment facilities in Switzerland.[7]

The second essential reason for employing standardised methods for this case study on *START AGAIN* is to offer a statistical testing of hypotheses proposed about reconstructed categories or structural regularities that are considered essential for the characterisation and understanding of *START AGAIN*. Specifically, this entails empirical comparisons of different types or classes of *START AGAIN* clients, typically in connection with certain

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[2] SCHÜTZ (1971: 59) - from a phenomenological-sociological viewpoint

[3] HILDENBRAND in the preface to STRAUSS (1994: 17) - from a symbolic-interactionist viewpoint

[4] In reference to MEAD (1969) „milieu" is understood as an organization of perspectives, which exist prior to the individual perspectives of those acting in the milieu and which set the framework for those individual perspectives. HILDENBRAND (19963: I-49) accentuates this definition by adding that „routine, unquestioned orientation in the everyday world is bound to temporarily milieus. Milieus have their own biographies, in which an understood (= a commonplace) handling of everyday problems is developed as a typical handling. People acting in a milieu have grown up into this context—they do not enter [and leave - UMS] it from one day to the other, in the manner of strangers. Milieus concretize themselves in situations in which milieu-specific implicit knowledge is effective and wherein a pre-reflexive dynamic of action in which the agent dissolves due to being an implicit knowing entity can be found."

[5] These relate specifically to concrete methods of coding (i.e. conceptionalization of data), the writing of memos (i.e. preliminary reports about theoretical questions, hypotheses and developing categories) as well as the integration of these into structural hypotheses and conceptually dense theory (*grounded theory*); see A.L. STRAUSS, *Grundlagen qualitativer Sozialforschung* (Fink, Munich, 1994).

[6] See B. HILDENBRAND, *Methodik der Einzelfallstudie: Theoretische Grundlagen, Erhebungs- und Auswertungsverfahren, vorgeführt an Fallbeispielen*, Studienbrief in drei Bänden (Fernuniversität Hagen, 19963), as well as the sketch of a hermeneutical therapy-research paradigm in part III of R. WELTER-ENDERLIN and B. HILDENBRAND, *Systemische Therapie als Begegnung* (Klett-Cotta, Stuttgart, 1996).

[7] See chapters 4 and 9

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characteristics and their influence on the therapeutic process or short- or medium-term effects.

Since the sizes of samples of different classes of clients to be compared in the case of a single institution are typically quite small (for START AGAIN between 10 and 40), a particularly pressing problem concerns the comparative data analysis. In the present study we will approach this problem with a completely new theoretical approach from the mathematical field of **probabilistic logic** (a conjoining of Bayesian statistics and information-entropy). An explanation of this approach is given in section 0 below.

In formulating a **comprehensive research-pragmatic framework** for the proposed conjoining of „reconstructive/qualitative" and „empirical/quantitative" methods, we oriented ourselves principally towards an empirical insights strategy based on the „object related theory" (*grounded theory*[8]) developed by GLASER and STRAUSS.

Our focus on an approach that is aimed at *understanding* rather than *description* is based on a number of methodological principles:[9]

1. Data is obtained from a variety of sources: therapeutic concepts, organigrams, annual reports, meeting records, notes by therapists (so-called „client books," reports to official bodies etc.) and by clients (biographies, genograms, letters, so-called „position reports" etc.), transcriptions of research interviews, of therapeutic individual and group conversations, reports of participating observation in the most varied therapeutical as well as organisational-administrative contexts of the institution, standardised questionnaires etc.

2. Theories are formed and condensed around a background of heterogenic („documentary," „objective" „clinical," and „standardised") data.

3. Speculation and research inefficiencies are avoided by remaining grounded in data material.

4. Through the use of conceptually dense theory, the complexity of social reality is taken into account by inclusion of many contrasting aspects of the investigated phenomena, i.e. the entire investigated milieu.

5. An intense mutual reaction takes place between the researchers and the objects of their study in the sense that the researchers are „involved in their work" and are being led by their experiences in the course of the research.

The first and the last two of these points are explained in the following sub-sections in terms of three aspects: „participatory observation," conducting and analysing interviews, and contrasting case-reconstruction research.

2.1.1 An outline of „participatory observation" and the ethno-methodological concept of *becoming the phenomenon*, especially in connection with *Anapana-sati* and *Vipassana*

Without delving extensively into the expansive and somewhat controversial scientific discourse regarding the research method of „**participatory observation**,"[10] we want to explain briefly our position regarding the above. Our basic approach can be summed up

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[8] B.G. GLASER and A.L. STRAUSS, *The Discovery of Grounded Theory: Strategies For Qualitative Research* (Aldine de Gruyter, New York, 1967)

[9] Details are explained in A.L. STRAUSS, *Grundlagen Qualitativer Sozialforschung* (Fink, Munchen, 1994); cf. HILDENBRAND (19963)

[10] Cf. HILDENBRAND (19963: I-27 ff.)

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in an argument by Herbert BLUMER, one of the main proponents of the Symbolic Interactionism of the Chicago School:[11]

> „If one attempts to control the interpretative process by remaining apart as a so-called 'objective' observer, one risks the worst form of subjectivism—the objective observer possibly fills the process of interpretation with his own conjectures, instead of grasping it in the manner it occurs in the experience of the participating unit undergoing it."

In our understanding, striking a balance between „intimacy" (participation) and „distance" (observation) with the object of investigation and the characters in the social context is a constant challenge for the researcher. According to the situation and in mutual deliberation with the observed, the researcher must find the appropriate degree of integration into the social context being investigated.

The optimal balance between „participation as observer" and „participation as participant" is determined by two factors. On one hand, the investigator needs to get involved, as impartially as possible, in the social context of subjects to understand their reality and modes of reality construction, in order to comprehend the observations and to draw conclusions from them. On the other hand, there is a danger that participating too intensively with the subject being observed, may lead to excessive identification with them or to being exploited, so that the investigator's perception and perspective are narrowed.[12] SCHOLZ (1992: 29f.) makes an additional remark on this point by saying that there is a *point of no return,*[13] especially in research relating to subcultures, where the danger is exacerbated by a compulsion to legitimise oneself for admission to that subculture's specific activities.

How can this balance be achieved in practice? And specifically, how can it be achieved in relation to this study into *START AGAIN,* which requires a thorough understanding of the **practical systems of** *Vipassana* (short for *Anapana-Sati, Vipassana* and *Metta Meditation*)?

To begin with, we state the following in relation to the question of the problematic admission criteria to the social field of *Vipassana* practice:

(1) Vipassana has established itself worldwide in the last 30 years, far beyond any subcultural framework, as a socially usefully and health-promoting form of practice—one which is universal and can be practised by people of all social strata, races, denominations, age groups, and occupational backgrounds. (See SCHOLZ (1992: 30f.) and the numerous short articles in the special issue *Vipassana Pagoda, Souvenir 26th October 1997* of the Global Vipassana Foundation, Mumbai (Bombay, India), published on the occasion of the laying of the foundation stone for the large Vipassana Pagoda in Mumbai in October 1997).[14]

(2) Throughout the course of its establishment there have been continuing, international efforts to evaluate the psycho-physical and social effectiveness of Vipassana practice. It is helpful for us that our consideration of *Vipassana* in this study is only one of a number of scientific studies on the practice and that the respective representa-

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[11] H. BLUMER (1962) quotes HILDENBRAND (19963: I-31), who refers to a quote in BECKER (1981: 155).

[12] We remark, that we will encounter a structure-homologue problem in the discussion of the structural logics of professional therapeutic action, in relation to intimacy-distance regulation; cf. section 6.1

[13] This danger is known as *going native* in ethnology and in sociology as the danger of *over-rapport*; cf. GERDES and WOLFERSDORFF-EHLERT (1974)

[14] The extreme importance of this foundation stone ceremony for the Buddhist world can be seen in the impressively large number of high political, scientific and Buddhist dignitaries who participated. directly or via letters of congratulations.

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tives at *Vipassana* institutions such as the *Vipassana* International Academy, Igatpuri (India), and the major *Vipassana* meditation centres around the world deal with scientific projects in a professional manner. Throughout the course of my study I have experienced absolutely no resistance or reservations from the *Vipassana* community—on the contrary, in keeping with this tradition, all doors were opened wide and unconditionally to allow me to investigate the theory and practice of the *Vipassana* system seriously and critically.

A second point in connection with the investigation of *Vipassana* that should be reflected upon is that, unlike usual cases of unexplained, implicit behaviour in a foreign environment, where we can generally refer to a shared, culturally common experience, conventional approaches can have limits when it comes to understanding „alternative realities" such as non-commonplace states of consciousness. In relation to this, SCHOLZ (1992: 31) underlines the fact that language is often seen as an inadequate means for expressing experiences of „mystical union" (or „Ecstasis"),[15] particularly by proponents of mystical experiences (and similarly by proponents of drug-induced experiences). This is not to say that the subject matter of transcendental, mystical or religious experiences should be excluded from reconstructive social research that relies mainly on language-related modes of expressions (reports). Below we summarise a few thoughts on methods developed by SCHOLZ (1992: 28ff. and especially 363ff.) specifically in the context of this issue. In the case studies of *START AGAIN* these methods have proved to be effective and immediately practical.

(1) The decisive experience data in investigations of non-commonplace realms of experience can be described in the form of an individual, A, having a particular experience, X, without concern for the question of whether the experience X is in principle possible or not. If we use this perspective as a basis for our reconstructive case investigations, then the next point of interest will be the motivational force behind the individual's experience and the resultant effects therefrom.

(2) As suggested in the study by SCHOLZ (1992), the experience of *START AGAIN* has shown that a deep understanding of the practical system of *anapana-sati* and *vipassana* cannot be based just on textual analytical analyses of reports of *Vipassana* practitioners describing their experiences and states of being. There is a need to combine this with participatory observation. SCHOLZ (1992: 32) stresses that the traditional warning given by teachers of mysticism—that the only adequate way to learn something about mysticism or meditation is to undergo the practical exercises promising to lead to the desired knowledge or state—is proven true here. In the case of *Vipassana* this means experiencing a progressive inner „transformation of consciousness," which can occur naturally in the framework of a systematic training on detachment (equanimity), and through perceptions of insight into one's immediate experience.

Summary: In order to understand the research object of *Vipassana* we will employ a combination of methods: reconstructive textual analysis (here: of theoretical writings, written practice manuals, experience reports, interviews etc.) with the mode of „participatory observation," the ethno-methodological *becoming the phenomenon*. The ethno-methodological concept of *becoming the phenomenon* requires that the researchers (at least for a while) become fully fledged members[16] of the social reality they are investi-

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[15] Cf. W. JAMES, *The Varieties of Religious Experience* (New York, 1902) and R. GELPKE, *Vom Rausch im Orient und Okzident* (Klett-Cotta, Stuttgart, 1995)

[16] A full membership in a community of wholesome persons cannot be simulated but realizes itself in the lively participation in everyday experiences in the respective milieus; cf. the writings of the founder of

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gating (i.e. regular participation in *Vipassana* courses and continuous practice of the imparted instructions for an extended period of time).

Through this combination of ethno-methodological and structural analysis methods we strive towards simultaneously identifying with and maintaining a distance from the subjects of the study. This facilitates a process of understanding that enables us to arrive at fundamental principles of structure and dynamics supported by both direct experience and reconstructive hypotheses.

2.1.2 The idiolectic research interview as „extensive dialogue" and its analysis

2.1.2.1 Interviewing and observation

In reconstructive case research, after the surveying of „documentary" data produced by the participants in the field themselves, independently of research interests (concepts, organigrams, reports for internal and external use, protocols, letters, reflective reports etc.), and consideration of the so-called „objective" or „solidified" data pertaining to the history of the case (whether of the institution as a whole, a family, or an individual), the most important data survey methods are without doubt participatory observations and interviews.

Without, at this point, going into details of the extensive scientific discourse about interview techniques and the relationships between interviewing and observation,[17] we would like to explain our position and method briefly.

On the **relationship between interviewing and observation** from a methodological point of view, we concur with the position of HILDENBRAND (19963: II-31ff.):

> "When we aim the case reconstruction at bringing to the fore central patterns for a social context, an environment [or for the life practice of an individual - UMS], which structure the sequence of actions and orientation for action, then it does not matter which area we give priority to—the behaviour or the dialogue about the behaviour. In both areas the central patterns articulate themselves in different ways."[18]

The method we have adopted gives us the leeway to begin with either documentation, objective data, or participatory observations, according to the object of investigation, in order to then generate new questions out of structural analysis and to answer or try to elucidate these in further observations and interviews. We can then open up specific subject areas again with interviews and further our understanding by surveying other types of data and conducting more interviews.

2.1.2.2 The idiolectic research interview

The **interview technique** I have adopted is the „idiolectic research interview," which can be regarded as lying between the two extremes of the „narrative interview" of SCHÜTZE[19] and the „social scientific everyday conversation between strangers" of

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ethno-methodology, Harold GARFINKEL (1967), as well TEN HOUTEN and KAPLAN (1973) and MEHAN und WOOD (1975)

[17] Cf. for example HILDENBRAND (19963: II-31ff.)

[18] The remark in the last sentence of this quote by HILDENBRAND in particular could be restated in the course of the study again and again: in routines, case structure regularities reproduce themselves continuously in a fractal (i.e. in a highly structured self-duplicating) manner in the most varied action contexts and in the most varied milieu and individual biographical phases.

[19] See: SCHÜTZE (1983, 1987)

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OEVERMANN.[20] The authentic narrative of SCHÜTZE, with its exclusive focus on the narration of (life-)stories, the avoidance of intervention to identify new themes, and its strict sequencing of subsequent enquiry types („narrative," „descriptive," „theoretical") seem to me to be beset by two potential problems. Firstly, the production of an apparent intimacy as a result of non-intervention in the narrative organization of the interviewer; secondly, the danger that the interviewer becomes entangled in strict structural interview preliminaries. In my opinion, the interactive narrative of OEVERMANN, where analysis starts even while listening, in order to keep the dialogue flowing with appropriate questions, also has its dangers. On the one hand, an overly selective hypothesis-based enquiry limits the narrative spectrum of the informant—the „what of reporting"—thereby limiting the development of potentially informative topics; on the other hand the narrative rhythm and style, i.e. the „how of reporting," is determined too much by the person conducting the interview.

In terms of strategic and technical elements, the „idiolectic research interview"[21] or „extensive dialogue" approach that I have opted to use strikes a balance between the two approaches above, though not in any strictly devised way before a particular dialogue. The idiolectic approach to conducting interviews or dialogues, originally developed by the medical doctor and psychiatrist David A. JONAS[22] for work in the area of psychosomatic medicine and psychotherapy, is characterised by its central orientation with the unique language—the **idiolect**—of the interviewee. The term „idiolect" is defined by the *Encyclopedia Britannica*[23] as follows:

> "Idiolect: the language patterns used by a person inclusive of all his/her preferences relating to phonetics, grammar, and word choices. A speaker can express, within his/her idiolect, a variety of language styles, while employing one version of his/her language patterns in a particular social context. In addition, the varying idiolects of a group of speakers, be they regional or social in basis, make up a particular dialect.„

A further general justification for orientation to the idiolect in order to obtain information that is as „authentic" as possible is given in the following argument of POIMANN and MRUSEK (1997):

> "As we know from linguistic science, the experience of using the high or standard form of a language, in contrast to the colloquial or dialect, shows pronounced differences. In conversations held in dialect, a higher degree of intimacy, closeness and freedom is expressed than in the standard language (BRAUN, 1993). If we then take the step from the dialect to the idiolect, ie. from the language of a group to that of an individual, it is natural to suppose that richer possibilities will arise in a conversation conducted in the idiolect than in one conducted in a terminologically dominant language.„

In concrete terms, orientation to the idiolect typically means that after posing an initial question related to the object of investigation, to set the initial theme of the dialogue, the aim is to let the conversation be as self-driven as possible, with the person being questioned given as much freedom as possible to present his/her experiences, views, interpretations and attitudes. By consciously allowing the conversation to drive itself, the

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[20] See: OEVERMANN, ALLERT und KONAU (1980)

[21] Extensive experience in conducting idiolectic interviews in practice and treatment over many years comes in handy here. (Training with the Gesellschaft für idiolektische Gesprächsführung (GIG) in Schaffhausen and Würzburg)

[22] See JONAS (1981) and JONAS and DANIELS (1987)

[23] Encycl. Brit., 1980, German translation by POIMANN und MRUSEK in "Idiolektik – eine neue Form der Ärztlichen Gesprächsführung", Ms. (Würzburg, 1997)

person conducting the interview or dialogue focuses on promoting the following qualities in the discourse:[24] balance of proximity and distance to the topic, continuity of topics, and letting the tempo and tone of the conversation be set by the speaker (client). In other words, a premeditated (or textbook-like) intervention is avoided. The person leading the dialogue is characterised by an active and open style of listening that is empathetic and non-judgemental, according to the following two principles: „Every word that a person utters is for them meaningful for him/her," and „every individual has 'good reasons' for his/her actions" (JONAS). Hypotheses that arise during the dialogue are usually not verbalised, so that the client is not made to feel uncomfortable in the conversation by the impression that he/she is being analysed or „dissected." (Exceptions to this will be discussed below.)

In terms of the interview technique, this attitude means that one tries to remain on the same level of language and meaning as the client, while imagery that is taken up repeatedly should be clarified by asking for explanations of individual „keywords." Intervention is not entirely excluded but generally rather minimal, i.e. questions should be open and simple, especially in the starting phase of the interview, when care should be taken to be as unthreatening as possible. At later points in the interview, one can intervene more freely, for example by asking for specific meanings to be explained, or employing a certain degree of polarisation, humour, or paradox. Finally I would like to mention some specific ways of intervention that have been shown to be effective when properly used, particularly in the concluding phase of individual-biographical research interviews and in later interviews of a series of such interviews, and (extremely fruitfully) in (re-constructive) case understanding:

(1) „*Cognitive or affective intervention*" is used by the interviewer during the dialogue, by respectfully and non-judgementally inquiring about either a case-structure related supposition or an intuitive perception (ie. an unusual subjective feeling) that has arisen in him/her during the listening process.

(2) „*Appreciative intervention*" is based on the idiolectic maxim quoted above that „every human being has 'good reasons.' for his/her action, be it unintelligible or apparently contradictory, " At certain points during interviews, an explicit or implicit expression of appreciation of such reasons can unfold great effects, in the sense of causing a substantial shift in perspective, or, in the words of SCHÜTZE (1987: 237), the „re-liquidification of deep-lying experience layers."

2.1.2.3 Interview analysis

All the interviews or conversations I have conducted were recorded with a reel-to-reel tape recorder. The advantage of such „natural" methods (OEVERMANN, 1996b: 21) lies in their „semantically unselective" recording of all the physical impulses of the investigated reality. This makes the dialogue as barrier-free as possible and keeps open the option of applying sophisticated techniques of data interpretation to the interview at any time. Additionally, for every interview, I have drafted an observation protocol to describe the „pragmatic framework" of the interview and mark notable occurrences during the conversation.

Concerning the analysis of interviews or „extensive conversations," we follow a middle path between HILDENBRAND (19963: II-42ff.) and OEVERMANN (cf. OEVERMANN, ALLERT and KONAU, 1980):

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[24] Cf. PURUCKER (1998)

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Step 1: In the first evaluation step the interview is transcribed either in its entirety or in parts, depending on the development of the particular case reconstruction process. A **transcription technique** that has proven to be very useful, not only for bringing to the fore the various levels of *what* interviewees report, but also *how* they report it, was presented by KALLMEYER and SCHÜTZE (1976). That system forms the basis of all transcripts in this study. The symbols used in this system are defined as follows:

(,)	=	very short interruption in a statement
..	=	short pause
...	=	medium length pause
(pause)	=	long pause
mh, mhm	=	pause/filler, reception signal
(.)	=	lowering of voice
(-)	=	voice suspended
(')	=	voice raised
(?)	=	question intonation
(k)	=	marked correction
<u>sure</u>	=	conspicuous pronunciation
sure	=	spoken with a drawl
&	=	conspicuously fast continuity
(laughter)	=	tag marking non-verbal or para-verbal speech characteristics relating to the style of speaking, tempo, tone etc.; the tag is placed before the passage and applies to the end of the statement or the ++ sign
(..), (......)	=	incomprehensible parts of varying length
(but ?)	=	words unclear, assumed wording
[remark]	=	contextual knowledge relevant to the understanding of the text, added by the author
I	=	Interviewer or person leading the dialogue
A, B, ...	=	Interviewee or dialogue partner, abbreviated with capital letters

A: but then he did not come....   simultaneous speaking and interruption
B: I would also like to   with precise marking of beginning

... /, /...	=	indicates the preceding or following text (an additional convention by OEVERMANN)

The lines of the transcript are numbered.

Step 2: This step consists of using the observation protocol to analyse the developmental history and external conditions of the conversation (pragmatic frame) as well as the subjective impressions collected by the interviewer during the interview.

Step 3: This step involves a detailed sequential analysis of the beginning of the interview, which „in and of itself is of special interest, because the subject of the interview is here making a special effort at self-presentation and striving particularly hard in the choice and development of words that reflect the structure of his/her self-image, thus providing rich material for interpreting motives and their rationalisation."[25] The result of this analysis forms a preliminary structural hypothesis.

Step 4: The interview is divided into segments on the basis of „frame-switching" (introductions and closures of detailed sub-narratives and the transitions between these).

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[25] OEVERMANN, ALLERT and KONAU (1980: 43), quoted after SCHOLZ (1992: 26f.)

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Step 5: By studying the segments in view of the questions under investigation, notable themes or dimensions are identified. Passages that are pertinent to specific questions or themes are extracted and sequentially analysed in detail.

Step 6: The interpretations, seeds of hypotheses, and preliminary structural hypotheses developed in the separate steps are compared, condensed and categorised according to identified dimensions. Then a case structure hypothesis is formulated according to the principle of falsification, which means that no piece of text is incompatible with the proposed case structure hypothesis.

2.1.2.4 Two exemplary interview sequences

In section A2.1 of the appendix two connected passages from the transcript of a research interview are given to illustrate the above explanations. The interview quoted is one I led during a study with a START AGAIN client (referred to as „Kurt Eggenschwiler"). The presented text is the opening passage and a sequence from the final part of the conversation.

2.1.3 Systematic comparison and circularity in case-reconstructive research

In case-reconstructive investigations of complex social systems, eg. groups, subcultural milieus or organizations, the reconstruction of a single case of such systems is certainly inadequate for understanding the entire system. Everyone will agree that there is a need for a *series of case reconstructions*. The central question is „by which criteria should this series be determined? "

Herein lies the main difference between case-reconstructive research and traditional quantitative social research, where the *random sample survey* is the key tool. In case-reconstructive research, the *method of systematic comparison* is applied, which in the words of HILDENBRAND means:[26] „The statements resulting from the analysis of a particular field of observation or from the application of a particular method are *compared according to the criteria of minimum and maximum contrast* with statements arrived at by analysis of other areas of observation within the same social context or due to the application of another method." He continues: „A relationship between statements can claim validity in accordance to the *strength* of the contrast on which the relationship is established."

The *criteria* used to make comparisons are developed in the preceding case reconstructions as well as with the help of generative questions such as: „What could have happened, what other result would have been possible?" „What other areas do we not understand?" „What new areas need to be explored?" „What would be the opposite of this or that situation?" etc.

At this point we notice that the application of systematic comparisons in the methodologies of both objective hermeneutics and *grounded theory* is, so to speak, inherent. Not only does systematic contrasting play a central role on the level of case comparisons in the investigation of complex (original: higher aggregated) social systems, it is intrinsic to the formation of hermeneutical theories, on the level of sequential analysis. As we will explain below in subsection 0, at all points in the sequential analysis it is possible to employ thought experiments on contrasting modes of action and expression, in order to identify, in the framework of a specific life praxis, individual decisions that contrast

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[26] HILDENBRAND (19963: I-43f.), emphasis by UMS; see also OEVERMANN (1996b: 19ff.)

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with all other possible decisions, thereby successively reconstructing the inner logic or structural principles of a case.

In a certain sense, a consequence of the „contrasting paradigm" is that the entire reconstructive research procèss is marked by a form of *circularity*: the *survey* of data is followed by *recording* and *analysing*, out of which results new *questions*, which lead to the next round of data surveying, recording and analysing etc. Thus, from what is initially conspicuous arises increasing meaning and insight into structures.[27]

This circular process should not be rashly assumed to be equivalent to the hermeneutical circle in the traditional interpretative methods of the humanities. The reason for this lies in the fact that objective hermeneutics distinguishes strictly between *two kinds of previous knowledge*: on the one hand, „previous knowledge in the form of knowledge or awareness of topic- or case-*overarching,* meaning generating algorithm-like rules"; on the other hand, „prior knowledge in the form of a case- or topic-*specific* historical or culturally specific knowledge of context."[28] Unlike conventional, comprehensive hermeneutics, which puts the latter context knowledge at the centre, objective hermeneutics avoids this strictly and accepts only the former as valid „background knowledge," which becomes constitutive for it. In objective hermeneutics „the foreign is welcome as an object of investigation,"[29] with efforts directed at viewing the object in a way that is unprejudiced and undistorted by prior knowledge. OEVERMANN (1993a: 11) calls the avoidance of topic-specific prior knowledge „the *methodically controlled creation of artificial l naivety.*"

At the level of sequential analysis this distinction about previous knowledge means that, while *anything useful is permitted* (i.e. the full knowledge and life experience of the researcher) to help produce possible „readings" and open up „horizons of possible leads" at every passage, *only the knowledge deduced from previous sequential analysis* can be used in evaluating the context of the passage, in order to avoid readings and leads.

2.2   The terminological framework of objective hermeneutics

2.2.1   Preliminary remarks

The terminological framework developed here summarises in essential terms and concepts, the **methodology of objective hermeneutics** developed by Ulrich OEVERMANN and colleagues over the last 20 years, as it relates to basic studies in the social sciences and to different fields of practice.[30]

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[27] Cf. HILDENBRAND (19963: I-45)

[28] OEVERMANN (1993a: 10), emphases by UMS.

[29] OEVERMANN (1993a: 10)

[30] An extensive explanation of this theoretical frame of reference can be found in the following articles by Ulrich OEVERMANN: *Genetischer Strukturalismus und das sozialwissenschaftliche Problem der Erklärung der Entstehung des Neuen,* in MÜLLER-DOHM (ed.) (1991); *Die objektive Hermeneutik als unverzichtbare methodologische Grundlage für die Analyse von Subjektivität. Zugleich eine Kritik der Tiefenhermeneutik,* in JUNG and MÜLLER-DOHM (eds.) (1993b); *Ein Modell der Struktur von Religiosität. Zugleich ein Strukturmodell von Lebenspraxis und von sozialer Zeit,* in WOHLRAB-SAHR (ed.) (1995); *Skizze einer revidierten Theorie professionalisierten Handelns,* in COMBE und HELSPER (ed.) (1996); und *Konzeptualisierung von Anwendungsmöglichkeiten und praktischen Arbeitsfeldern der objektiven*

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The presentation is not intended as a dry terminological apparatus serving as a preliminary to the research approach to therapy followed here, but rather to explain the sociological/social/psychological knowledge base upon which the concept of *Start Again* is founded. Readers who are not familiar with such terminology are encouraged (even if a little effort is needed) to try to absorb the concepts presented in this section in order to establish a basic grasp of the theoretical underpinnings of *Start Again*.

In order to make the importance of the knowledge base of *Start Again* historically comprehensible, we will start with **a short discussion on the history of *Start Again*.** One of the key intellectual architects of the *Start Again* drug addiction treatment centre is current managing director[31] Dr. Gerhard SCHOLZ. As a sociology student at Frankfurt a.M., the domain of OEVERMANN, SCHOLZ was thoroughly initiated into the research practice and theoretical framework of the social scientific methodology of objective hermeneutics, as shown in his later dissertation *Vipassana Meditation und Drogensucht. Eine Studie über den Ausstieg aus der Herrschaft der Attraktion Droge* (Zürich, 1992), a study which was fundamental to the conceptualisation of *Start Again*. Another key figure in the founding of *Start Again* was Bruno HILDENBRAND, who worked for many years as a chief research assistant of OEVERMANN in Frankfurt (in which role he supervised SCHOLZ'S graduate thesis) and who is today a Professor of Socialisation Theory and Microsociology at the University of Jena. In the 18-month developmental phase of *Start Again*, HILDENBRAND served as the main project supervisor, contributing much to the fundamental conceptualisation of the organization and to its professional therapeutic approach. To this day, HILDENBRAND indirectly asserts considerable influence upon the institution. This influence stems not only from the fact that he is a co-founder, but also from the fact that he is a teacher of the „Meilen concept of systemic thinking and action,"[32] which provided the basis of much of *Start Again's* conceptual framework. Also, up to now, all the family and relationship therapy professionals at *Start Again* have been trained under the Meilen system.

Here we have the first indication of a distinctive feature of *Start Again*, one which will become clearer in the course of this study. In the same sense that in the dialectical polarity between research and praxis, the present study is a praxis-oriented one, *Start Again operates at the pole of a research-oriented praxis.*

2.2.2 Objective meaning and latent structures of meaning versus subjective dispositions

The central topics of interpretation in objective hermeneutics are the *objective structures of meaning* of *individual* statements or actions and the *latent structures of meaning* of entire *sequences* of statements or actions. In the words of OEVERMANN (1996b: 1):

"The central topics in the methodology of objective hermeneutics are the latent structures of meaning and objective structures of meaning of *forms of expression* in which the realms of psychic, social and cultural experience are presented to us. Latent structures of meaning and objective structures of meaning are those abstract (ie. not perceivable by the senses) forms which everyone, more or less „understands" when communicating,

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Hermeneutik. Manifest der objektiv hermeneutischen Sozialforschung, Ms (Universität Frankfurt a.M., 1996)

[31] In this nomenclature *Start Again* sees the conducting of therapy as its „business."

[32] Cf. R. WELTER-ENDERLIN and B. HILDENBRAND, *Systemische Therapie als Begegnung* (Klett-Cotta, Stuttgart, 1996).

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> reading texts, seeing images and movement sequences, and hearing sound sequences, and which are produced by meaning-generating rules independently of our subjective interpretations, thereby allowing us to consider them to be objectively valid. Objective hermeneutics is a means for deciphering these seemingly objective structures of meaning, in an inter-subjectively verifiable manner, based upon the actual readable, audible and visible forms of expression."

The following are two simple examples;

Example 1: The objective meaning structure of the following statement, which can often be heard or read in the context of addiction therapy:[33] „I want to get a grip on my addiction" is not the usual meaning of „I want to be free from addiction," but rather „I wish to be able to control my drug use."

Example 2: The statement „But we also had [my partner and I] some great conversations..." from a letter of a client, can be interpreted in the following manner „But we also had" *is* a concession where two different thoughts are in the head of the writer: „on the one hand, my then partner got on my nerves; on the other hand, we were also able to have some good conversations." The writer does not keep these two thoughts clearly apart and conflates them into one sentence. *is* / *ing*

Objective hermeneutics does not deny **subjectively intended meaning,** which is manifest in the awareness of a specific person. However, in scientific as well as therapeutic contexts, before anything can be deduced in a methodically controlled manner about the subjectively intended meaning of actions or the psychic realities of subjects, the objective meaning of the form in which the *subjective meaning* is expressed or has left its marks[34] must be *reconstructed* according to the applicable rules.

Here it has to be underlined that „*subjective dispositions*", i.e. psychological motives, expectations, opinions, attitudes, values, imaginings, hopes, fantasies and wishes, can never be directly grasped with methodical proof; they can only ever be known through the mediation of a *form of expression* or a *trace* from that in which they are embodied or that which they have left behind."[35] This means that the *unbridgeable gap between the subjectively realised reality that is being investigated and the form of expression or protocol of this reality* must be acknowledged if one wants to take into account the independent, non-reducible reality of subjectivity for the sake of methodology. In fact, „through this sharp separation between the dialectically related spheres of subjectivity and form of expression, objective hermeneutics opens up *a genuinely scientific approach to the world of subjectivity and to the world of practice.*"[36]

Illustration 0.2.2-1 may make the relation between *reported reality*, the living face of an actual person, and the *protocol* or *trace* of this reality—its image—more tangible.

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[33] Cf. the example sequence analysis of the application letter of a potential client in STUDER (1996a: I.25ff.)

[34] The characterization *objective* emphasizes that these are structures that „can be proven beyond doubt to be objective realities through methodical operations," while the adjective *latent* means that the respective sense-structures are „not ontologically bound to a representation in some kind of consciousness." In other words, it expresses the „logic-analytical independence of latent structures of meaning from the manifest realization of these structures in the consciousness of an author or recipient" This position, which allows for „the possibility of abstract, but not sensually vivid facts of experience which are methodically and explicitly provable realities," is what OEVERMANN (see 1993a,b) calls the position of a methodological realism. This is distinguished, in his view, from an unsustainable ontological realism, which „dogmatically equates the world which can be empirically determined with a world knowable only through sensually vivid facts."

[35] OEVERMANN (1996b: 2) - emphasis by UMS *paraphrase*

[36] OEVERMANN (1993a: 9), cf. Oevermann (1993b) "

empirically determined / knowable through sensually vivid fac[ts]

are not the same ?

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The fact that every specific process and every specific action is singular and cannot be repeated or made available for critical comparison, results in the methodological implication that we must concentrate on *a methodically controlled analysis of protocols*. Conversely, this results in the fact that structures of meaning that are reconstructed from the protocols can be checked inter-subjectively at any time with other available protocols, thereby allowing objective hermeneutics, in principle, to lay claim to the same degree of objectivity we are used to in the natural sciences.

2.2.3   A simple model of sociality and practice

In the tradition of structural and pragmatic theory, the evolution from nature (biology) to culture (society) is characterised mainly by the *emergence of language communication*, which implies a basic dualism „between the world of things experienced by the sense organs and the world of contexts of meaning represented by linguistic signs and experiencable only in abstract form and not as meaningful and structured „tangible" occurrences through the sense channels."[37] To the perceiving mind, the immediacy of the here and now opens up as a **world of reality** while the abstraction of terms constructs a hypothetical world, a **world of possibility**.[38]

The dialectical conjoining of these opposite worlds constitutes the *inner core of (life-) praxis*. In practical terms this conjoining is realised in the assignment of predicates to objects, which is at the root of every cognitive act: „*X* is a *R*." Here „*X*" stands for an uninterpreted, specific object in the given reality of the here and now of an action (according to Charles Sanders PEIRCE, a *brute fact* or a second-order event) while „*P*" is the interpretation of an object in abstract common terms (according to PEIRCE, a symbol or a third-order event).

We now have a *simple model of praxis*, provided we complement the logical form „*X* is a *P*" with the reference to a directly perceiving and acting subject „*S*" or the position of a practical middle ground (according to PEIRCE, a first-order event or with reference to Georg Herbert MEAD, the self as „I"): „*S experiences X, and S realises/claims that 'X is a R.'*" Concerning the irredeemable separation of the world into spheres of reality and possibility, the immediate „I" of the here and now is counterpointed with a self-aware, self-reflective self in a hypothetical constructed world (according to MEAD, the self as „me").

This model, which represents the mediation between the world of reality and the world of possibility, is, however, inadequate for describing an **autonomous life praxis**. In addition, it must also be framed to account for the fact that every subject is constituted socially, i.e. establishes itself by linguistic interaction between a primary (Ego) and a secondary person (Alter) according to specific rules, or in a reciprocal cooperation ori-

[handwritten: (arguably does not normally say)]
[handwritten: a sense of reality]

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[37] OEVERMANN (1997: 1) *[handwritten: Paraphrase]*

[38] An early chapter heading in R. MUSIL's *The Man without Qualities* (19843: 16) reads: „If there is a sense of reality, then there must be a sense of possibility." MUSIL writes at the beginning of the chapter „If there is [...] a sense of reality, and nobody will doubt that it has its justification, then there has to be something that can be called a sense of possibility. One who possesses it does not, for example, say: 'Here this or that has happened, will happen, must happen'; rather he finds: 'here something could, should, would have to happen'; and if something is explained to him, that this or that is the way it is, then he thinks: 'Well, it could probably be different.' Thus, the sense of possibility could be defined as the capacity to think of all that which would be just as good as what is, and not to give any more importance to that which over that which is not."

[handwritten left margin: seems illogical]
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ented to the understanding of the other.[39] A *simple basic model of sociality and praxis* is thus embodied in the German language, for example, in the system of personal pronouns: *"I (Ego) tell you (Alter), that 'X (he, she, it: third person) is a P.'"* In other words: „The represented world of facts [*brute facts* (UMS)] is always identical to the category of the third person, the object being talked about. In order for this to be possible at all, it has to be taken for granted that a primary and secondary figure („I and you,", „we and you") have constituted themselves in a dialogue."[40]

2.2.4 Crisis and routine - autonomous life praxis as the conflict between the need to make decisions and the need for justification

According to OEVERMANN the dualism between the world of the here and now and the hypothetically constructed world enforces an awareness of mortality and the shortage of resources. Against this background, permanently conflicting options for action present themselves in the sequential process of life, from which decisions must be made. If the freedom found by choosing between viable options is not to be lost, decisions must be based upon principles.

> "*Life praxis is hence permanently faced with decisions that have to be justified rationally.* But real decisions are only those in which the rational choice is not determined in the moment of decision as in a rational calculation. On the contrary they have to be decided in view of an open future and their rational justification has to be tested only in this open future. *Life praxis constitutes itself as an autonomous event in both respects precisely in this conflict between the needs to make decisions and justifications.* Only in a crisis does life praxis become manifest."[41]

Here, OEVERMANN emphasizes the point that a life praxis becomes part of one's awareness as immediate **subjectivity** only in a **manifest crisis of decision-making**, but that such situations are exceptions in our consciousness. In most cases, decisions are made in advance by well-adjusted problem-solving strategies in the form of techniques, practices, programming, habits and norms, i.e. by so-called **routines**. Of course these problem-solving strategies originate crisis-solutions that have repeatedly proven successful and which through daily usefulness[42] became solidified into routines. Therefore, as a

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[39] Compare a quote by WEBER (1964: 16) about his concept of **social action**: „Not every kind of contact between people is social in nature, only those actions oriented to understanding the other. A crash involving two cyclists, for example, is a mere occurrence, like an act of nature. But their attempt to avoid each other, or swearing, fighting, or peaceful discussion relating to the crash would all constitute 'social action'"

[40] OEVERMANN (1997: 3) Paraphrase

[41] OEVERMANN (1997: 7f.) - emphases in the original

[42] The undeceivable **problem of proving one's usefulness in an open-ended future** and the unsubduable insecurity that results there from, forms the starting point of OEVERMANN's (1995) instructive derivation of a *structural model of religiosity*. In view of the later analysis of the practical system of *anapana-sati* and *vipassana* as an element of the *START AGAIN* therapy program, we quote one of the core ideas of this derivation, that „secularization consists not just in the fading out of religious beliefs and religious fervor in favor of religious indifference, or rationalizing away ideas of extra-empirical worlds, but that these processes of 'fading away' or 'disenchantment' are coupled with a radicalization of the traditional dynamics of proving usefulness [self-worth] in religious constructs. Indeed, secularization does not mean doing away with this dynamic of proving usefulness. On the contrary, it is made more pronounced through universal, historical rationalizations. Accordingly, the structure of religiosity

principle, the routine results from a crisis. In summary it can be stated: *The routine is the closure of an open crisis-situation and conversely crisis is the opening up of a well-adjusted routine.*

In relation to the above-explained difference between a critical "here and now" and a hypothetically constructed world, these techniques, which are useful but also susceptible to failure, belong to the latter world, and as such they are the principal objects of investigation in evaluative therapy research and other empirical sciences where the actions—or more specifically, the life praxis—of humans with the faculty of language, are the subject. A methodically controlled approach towards these abstract notions allows for the sequential reconstruction of the structures of meaning in protocols or forms of expression of this praxis. A few additional remarks about this matter are given below.

2.2.5 Sequential analysis as a model of life praxis and the term „case-structure regularities"

The central applied analytical operation in the social science methodology of objective hermeneutics is the allready mentioned sequential analysis, which is optimally adjusted to the characteristics of the determining sequentiality of human action. **The basic pattern of sequential analysis** is simple. In explaining or making inferences from sequentially structured processes a distinction is made between the **two entirely separate parameters:**

"On the one side we are operating with **generative rules, which produce meaning.** Like algorithms they operate independently of the intentions and motives of the real acting subjects. [...] This first algorithmic parameter logically creates a number of possibilities, and hence, always, a potentially critical situation. How the praxis is continuing and how the next point in the sequence is being materialised depends on the choice, which the acting subjects and their respective life praxes make under the options available to them in principle.

This choice is determined by a *second parameter*, represented by the term „**case-structure regularities,**" which implies the entirety of dispositions of a specific life praxis [or a given acting body of whatever level of aggregation: individual, family, group, organization etc. UMS], including their conscious and unconscious wishes, expectations, motives and preferences. These individuated (i.e. forming as the result of a chain of practical decisions) case-structure-regularities can methodologically only be determined by the reconstruction of a suitable length of the words and actions of a social 'being'. Their peculiarity is established through specific opportunities or ranges of possibilities revealed by sequential analysis where recognisable, extraordinary behaviour has been expressed,

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continues in the form of the dynamics for proving usefulness in a secular context, i.e. with the fading away of religions as institutions and belief systems." (p. 66)
In regard to the dynamics of rationalizing utility, he also emphasizes the following: „The paradox of the logic and of the dynamics of proving utility consists in the fact that the greater the urgency of the need to prove usefulness, the clearer the realization of the impossibility of fulfilling this ideal; and the clearer this impossibility is recognized, the stronger the ideal has to be strived for. This paradox is the model formula for what psychologists call intrinsic motivation and that can be found again in the motivations for productivity, defined as the struggle to satisfy a self-imposed standards of achievement. One sees here [...] [mentioned in the first quote above - UMS] the continuity between religious myth and the motivational structures of a secularized life praxis: the problem of proving one's usefulness can be magically invoked and come to terms with in religious dogmas of redemption or secularized lifestyle ethics. [...] It can be put in a specifically religious way in the shape of proving oneself worthy of transcendental powers, in obedience to divine commandments, or in law-abiding behavior, or, it can be secularized as success in the never ending battle for self-determination in leading one's life." (p. 63)

> either consciously in a manifested critical decision-situation or mediated latently via well-rehearsed routines in standard situations."[43]

The entirety of sequencing or meaning-generating rules, which at all points of a sequence produce new multiplicities of options, is a large number of algorithmic rules of very different type. As examples, OEVERMANN cites the rules of language syntax, pragmatic rules of language, as well as logical rules for formal and factual information-based inference.[44]

In relation to the reconstruction of case structure regularities it has to be emphasized that „a case structure regularity [is known only] when one has sequence-analytically constructed an entire phase in its reproduction or transformation."[45]

We want to give another definition of the central term of **case structure (regularities)**, namely that of HILDENBRAND (1996: 6). He conceptualises case structure as a „case-specific, regular-habitual manner [of a person or acting body - UMS] of seeing the world, in order to explain it and actively conceive it, or in short, to construct it as meaningful." HILDENBRAND continues: „The implications that are developed in a case and which characterise the case structure are multi-layered. Its highest complexity is achieved in language, which therefore becomes the main source of material in case reconstruction. But it also comes forth in other forms of expression that can be described and thus made into text. Examples for this are non-verbal behaviour, the design and furnishing of homes, private symbols etc."

2.2.6 The concept of „damaged autonomy" and the general aim of therapeutic action

An important step in the concrete development of the individual forms of the basic structural determination of autonomous life praxis as a conflict between the needs for decision and justification is made by HILDENBRAND's explanations about his concept of the **Autonomy-Heteronomy-relation**. This means to say that for human beings, while „the existence of formative, and therefore heteronomous, basic conditions of constitution and environment have to be accepted," „these basic conditions can be moulded in the sense that they are not totally predetermined and can be learned about in order to cope with them and overcome them."[46] This means that in relation to a concrete life praxis, the central question according to HILDENBRAND is *to what extent there is success in transforming pre-given factors into factors which are accepted as part of a view for overcoming them*. Or in the words of SARTRE, which are often quoted by proponents of

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[43] OEVERMANN (1996a: 76f.). In disassociation from action- and system theoretical derivation contexts OEVERMANN (1995: 43) emphasizes the following: „The transition from nature to culture is seen differently by structuralism and theories of action. The former does not see it as an emergence of expectation, validation, normation or standardization, but as the emergence of action lead by regulations and the creation of objective sense by rules. A distinct disassociation from system theory has to be stated. In Luhmann's theory an analog to sequential analysis exists in the context of contingence and selection in the chain of actions. But this context is based upon the basic terms of expectation and expectations of expectation, on a terminology formed by doing away with the difference between parameters I and II—between rule and subjective motivation—whereby, inevitably, as in other theories of action, the subjectivity that has constituted itself in rule-oriented action (for the structuralist) has become the (not understood) constituent."

[44] OEVERMANN (1996b: 7)

[45] OEVERMANN (1996b: 9)

[46] HILDENBRAND (1995: 6)

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the Meilen concept of systemic-therapeutic thinking and action[47]: „*What does man make out of that which circumstances or conditions have made out of him?*"[48]

A similar idea is formulated by Fritz B. SIMON in relation to the concept of autonomy. He states in relation to the tension between heteronomy and self-determination: „The relationship between a living (i.e. learning) system and its environment has a contradictory character: *It is both dependent on the conditions of the environment* and *autonomous*. It behaves in accordance with its own inner structures [what he calls structure-determined - UMS] and has to adjust and relate always to the environment."[49]

Following these explanations, we can now introduce the general term of **damaged autonomy**, which is especially central to the understanding of therapeutic action as conceived by *START AGAIN*. Generally speaking, *damaged autonomy* exists in all those cases *where the scope of autonomous action—for whatever reason—can not be opened up or used, thereby threatening the respective concrete life praxis.*[50]

Without at this point going extensively into the structural logic of therapeutic action (please refer to section 6.1) we want to briefly describe the **goal of professionalised therapeutic action** as well as a „hermeneutic" approach to answering **questions on the effectiveness or success/failure of such action**: The *goal of therapeutic action* in the context of the above definitions (especially for *START AGAIN*) is formulated as *the securing and reestablishment of the autonomy of a life praxis in a situation where it is threatened or damaged.* In relation to the question of the effectiveness of such action we make two points. Firstly, as long as the specific life praxis behaves in a routine way it reproduces and solidifies its trained life regularities or characteristics. Only when it finds itself in a manifest crisis does it *transform* its processing regularities and change its structure.[51] Secondly, against this background, *therapeutic (through supervision, intervison or other) processes can only be considered successful if they have induced systematic structural transformation in the sense of a transformation of case structure regularities that results in a life praxis characterised by a* **relative increase in autonomy.**[52]

In this view, the **art of therapeutic action**/intervention (especially valid for *START AGAIN*) consists in the following: To understand the specific limitations of or damage to the individual autonomy of a person or group of persons, and to work to realise the potential of this damaged autonomy together with the parties concerned, in a way not unlike that of a midwife.[53]

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[47] Compare WELTER-ENDERLIN and HILDENBRAND (1996)

[48] The original quotation by Jean-Paul SARTRE (1964: 75) : „We see the human being as being determined mainly through transgression, by what he is able to shape from that which has shaped him, even if he never recognizes himself in his reification."

[49] SIMON (1995: 359) – emphases by UMS

[50] Cf. HILDENBRAND (1995)

[51] Cf. OEVERMANN (1996b: 10)

[52] Cf. OEVERMANN (1993a: 6) and WELTER-ENDERLIN and HILDENBRAND (1996: 249)

[53] Cf. WELTER-ENDERLIN and HILDENBRAND (1996: 22)

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2.2.7 Addiction as a form of damaged autonomy and the WHO definition of addiction

2.2.7.1 Addiction - the structuralist view of START AGAIN

The basic position of START AGAIN is to see addiction as a specific form of damaged life-practical autonomy, as explained in the introduction „Initial Situation" to the concept of the drug rehabilitation facility (April 1996: 2):

> "The paradox of the situation of a dependent individual is that he/she—at least from time to time—due to a failure to come to terms with specific practical life demands [ie. because of a restricted life-practical autonomy - UMS], starts to seek escape, which leads to increasing loss of independence [remaining scope of autonomy - UMS].
>
> This behavioural urge to escape—through the use of legal as well as illegal drugs—is driven by the desire to experience temporary states of freedom from tension and pain and transitory happiness. Though the individual may dissociate himself/herself temporarily from internal and external compulsions and dependencies, he or she has to pay for this with a high price, because the entire life will be influenced and manipulated by the addictive behaviour which is establishing itself [in keeping with the signature of a damaged autonomy - UMS]."

The development of a structural model of a life praxis damaged by addiction and hence the specific task of therapeutic intervention from a structural perspective will be the topic of the next chapter.

2.2.7.2 Symptom-descriptive, WHO-based definition of addiction by ROBINSON and BERRIDGE

For comparison with the above structural view of addiction we here add a definition of addiction given by ROBINSON and BERRIDGE (1993), which in turn goes back to the general symptom-descriptive definition of the *World Health Organisation (WHO) Expert Committee* of 1981.[54]

According to ROBINSON and BERRIDGE (1993: 248f.), addiction is characterised by three important features of **addictive behaviour**, which any adequate drug addiction theory should be able to explain:

Characteristic 1: The most important characteristic of addiction is **the phenomenon of drug craving**, known as „hanging out" in drug argot, which refers to an irresistible, intense „desire" for drugs. In the WHO definition of the syndrome of addiction, the compulsive seeking and consuming of drugs is constitutive, and as such a behaviour that takes priority over all the other activities that were previously of utmost importance for the addict. An example:

> Kurt: ... / „with heroin I could live wonderfully (') (,) effectively (') or (.) yes (.) .. the problem is & I became aware that yesterday when we [Kurt and I (UMS)] talked (-) (thoughtful, quietly) day before (?) + (pause) that you really only care about heroin and everything else doesn't matter or (') (,) that is about it or (') & and that's what I have always been trying to avoid with heroin (.) I know what it's like though or (') but eh É I did not want to own it (.) (..)" /...

In order to understand addiction, the process by which *drug consuming behaviour* becomes *compulsive drug consuming behaviour* has to be understood. ROBINSON and

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[54] EDWARDS (1981) and JAFFE (1990)

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BERRIDGE hypothesise that this transformation of behaviour occurs because the addict develops an obsessive craving for drugs—a craving which is so irresistible that it leads almost by necessity to the seeking and consumption of drugs. Consistent with this view, they describe obsessive drug craving, as well as the compulsive behaviour of seeking and consuming drugs, with the term **addictive behaviour.**[55]

Characteristic 2: Drug addiction is a **chronic relapse disorder.** In other words, the second important characteristic of addiction that needs to understood is the persistence of drug craving and its tendency to return intensely long after the end of a phase of drug use.

Characteristic 3: The last important characteristic of drug addiction that needs to be explored is that the pleasure produced by drugs (*drug „liking"*) tends to decrease in proportion to the degree that they are „desired/needed" (*drug „wanting"*). That is, as the craving for drugs increases, the enjoyment derived from using the drugs decreases. The question therefore is: „What is the relationship between **„drug-desiring/needing"** and **„drug-liking,"** and how does it develop in the course of the addiction?"

In relation to the last point, we present a short illustrative sequence from a conversation with a former client of *START AGAIN* who relapsed some time after he opted out of the program and then later turned to the institution to ask for help in finding a place for withdrawal and a suitable place for a second try at therapy.

> Florian: ... / „I used sugar and coke again [i.e. heroin and cocaine] /... / at the moment there is little on the market but I know a good supplier with good stuff /... / I got right into it again (...) but actually I don't really like drugs (,) it's the lifestyle (,) always high.. [Florian clenches his fists and moves his upper body repeatedly in a „cool" manner] which gets me (,) which is so great„ /...

In subsection 7.3.3 and more thoroughly in chapter A7 of the appendix we will discuss the drug addiction theory of ROBINSON and BERRIDGE, especially its neurobiological basis. In the latter chapter it will be contrasted with the addiction therapy of *START AGAIN*.

2.3 Probabilistic logic and the interpretation of surveys of relatively small sample size

2.3.1 Introduction

> "... / the purpose of any application of probability theory [is] simply to help us in forming reasonable judgments in situations where we do not have complete information."
>
> Edwin T. JAYNES (1957b: 12)

The second basic pillar of research in the present study is provided by a number of modern methods for the *analysis of empirical data* and the *statistical review of hypothe-*

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[55] ROBINSON and BERRIDGE (1993: 279)

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ses developed in the special field of mathematics known as „probability theory." To my knowledge the application of probability theory processes to data analysis in the area of social scientific or psychological studies is rather new. In the areas of applied mathematics, physics, informatics, medicine, and economics, several of these methods have been proven to be extremely useful.[56] With every new field of application new adaptations and extensions have to be developed, and this is part of the aim of the present study.

The methodology of probability theory is based mainly on mathematical formulas, which are probably considered by most readers to be rather dry or difficult to understand. I therefore decided to present the basic terms and concepts of probability theory in a separate, coherent paper (see STUDER (1996b)). A copy of this was attached to the first study report (see STUDER (1996a)), and can be obtained freely from the author. All those who would like to understand the mathematics behind the quantitative analyses of empirical results in chapter 10 may refer back to this paper.

In order to explain the delineation of results and how to mesh the reconstructive structural/analytical research process with the steps of probabilistic analysis, in the two following sections we will present the most important elements of the two predominant methods employed in this study, namely: (1) „significant"[57] evaluations of typical likelihoods of success and serious relapse from empirical surveys of success data; and (2) clarification of the question of whether two different groups/classes of clients whose means and standard variations are measured, differ in respect to statistical factors.

Before we come to these specialised questions a few general remarks about **probability theory**. Firstly, its basic purpose is to provide a general mathematical framework for *consistent and rationally plausible inference*, in particularly encompassing special applications of classical Aristotelian or deductive logic (*apodeixis*). However, the framework extends much further than these special applications, because it offers an effective tool for inference in all those situations where there is *incomplete information*, and from which, therefore, no safe deductions can be made and only plausible conclusions are possible (the case of *epagoge*). In all these cases the central question is how the „degree of plausibility" of a statement or hypothesis being right/wrong can be evaluated in a consistent and rational manner in terms of prior information and new, but „incomplete" data? How does the plausibility increase/decrease relative to the degree of plausibility that the statement or hypotheses had before the data survey?

By a thorough analysis of the formal structure of consistent and rationally plausible inference (or, by a different name, qualitative-inductive inference), a completely new justification for the theory of relativity can be given in the sense of „probability theory as logic" (see JAYNES (1957c, 1983, 1990, 1996) and STUDER (1996b)). Thereby, a multi-layered and extremely powerful framework is available for approaching questions of analysis and interpretation of empirical data sets, as well as for statistically reviewing hypotheses from completely new vantage points.

In the coherent mathematical structure of probability theory, two strands of formalism are woven together. On one hand is the *Bayesian theory of probability or Bayesian sta-*

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[56] Extensive listings of literature, containing works about the fundamentals as well as applications of probabilistic logic, can be found in U.M. STUDER (1996b), *Wahrscheinlichkeitstheorie als Logik: die formale Struktur konsistenten Schlussfolgerns*, and in the monumental work by E.T. JAYNES (1996), *Probability Theory: The Logic of Science*.

[57] „Significant" refers to statements about chances and risks that consistently take into account the different sample sizes of client subsets and incorporate the prior knowledge that success is possible as well as not possible, which is of special importance for samples that are small in size.

tistics, while on the other hand is the *„principle of information entropy-maximisation,"* which plays and important role, especially in the determination of prior probability distributions. In certain respects, the data analysis methods of probabilistic logic go far beyond those of conventional, frequency-based probability theory or statistics. Examples of applications where this tool works very efficiently are the interpretation of *small* surveys for estimating likelihoods (see subsection 0), trend analysis, estimation of parameters, and „Meta-Analyses" (the consistent and rational unification of results from separate analysis parts) and the quantification of differences or similarities, especially in the value of a particular statistical factor (see subsection 0) etc.[58]

A few remarks about the history of probabilistic logic

The development of probabilistic logic had its beginnings in the mathematical work of Jacob BERNOULLI and Pierre-Simon LAPLACE in the early- and late-18th century respectively. An important early contribution was made by the geographer Sir Harold JEFFREYS in the 1930s who applied the theory to a wide range of applications. The conceptual and mathematical foundation of the theory have been set forth in the works of the mathematicians R.T. COX and George P—LYA, the information theorist Claude E. SHANNON, and the theoretical physicist Edwin T. JAYNES, from the 1940s to the 1960s. JAYNES contributed the classic definition of entropy and its conceptual implications in the analytical development of probabilistic logic in reference to the works of the theoretical physicists Ludwig BOLTZMANN and J. Willard GIBBS from the late 1870s. He thereby laid the foundations for an unexpectedly rich development in the field, though initially there were many difficulties due to a wave of defamatory criticism from orthodox probability theorists. Along with an ever increasing number of mathematical analysts JAYNES systematically refined the theory over the last 40 years by applying it to more and more problems in data analysis and inference theory.

2.3.2 „Significant" evaluations of likelihoods of success and relapse from surveys of relatively small sample size

If, for example, as we found in the case of *START AGAIN,* that of 31 clients who voluntarily entered treatment and completed it, 20 were living vocationally and socially well adapted lives without consuming hard drugs into the second year after the completion of their programs, the question that interests us is the following: „What do these numbers tell us about the likelihood of recovery of a given client classed in the same category as those who completed their treatment at *START AGAIN*?"

Phrased in a more general manner, the problem is as follows. A random sample of size N drawn from a particular pool of people or objects is divided into two mutually exclusive and complementary subsets according to a criterion measured using the characteristic X—one subset is marked by possessing the characteristic X, while the other is marked by not possessing it. (In our case, X represents a specific definition of therapeutic success or serious relapse, although the exact definition of these is not the matter of concern here (see sub-sections 2.2.6 and 10.1.2), but rather how the numbers are to be interpreted quantitatively.) The essential question is as follows:

Given a random sample of size N from a basic pool and the fact that the subset with the quality X consists of s persons or objects, what is the best estimate we can make for the

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[58] A large number of application examples and explicit computer algorithms can be found in JAYNES (1996).

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probability or expectation of „success" or „relapse"[59] for a given person or object from the basic pool from which the random sample was and how accurate or reliable is this value?

As the detailed derivation of the results show,[60] the probabilistic-logical interpretation of an empirical relationship like „*s/N*" or „*s* to *N*" fundamentally depends on the „prior" knowledge context „*I.* " That is, do we consider the characteristic X in the basic pool as being both possible and not possible *before* we sample the data, or do we not know whether the characteristic X in the basic pool can occur at all? Clearly, in the case of drug therapy, both success and failure always have to be considered possible.[61] Hence we will only discuss the situation where *I* represents the prior knowledge that a sample can, in principle, take either the value X or not-X. For details on the alternative case, see JAYNES (1968) or STUDER (1996b).

If we indicate with $H[x]$ the proposition, that „*in the observed basic pool the likelihood that a person or an object will have the characteristic X is 100x % (where x is a value between 0 and 1),*" then applying probabilistic logic yields the following „**posterior probability density distribution**, $p(H[x]|s/N, I)$ (an empirical function of s/N), encompassing all possible values of x in the interval 0 to 1:[62]

$$\qquad\qquad\qquad\qquad\qquad\qquad\qquad\qquad\qquad\qquad\qquad\qquad\qquad \text{(G1)}$$

A graphic representation of this distribution for the specific case of our initial example, where $s = 20$ and $N = 31$, is given in Diagram 2.3.2-1 below.
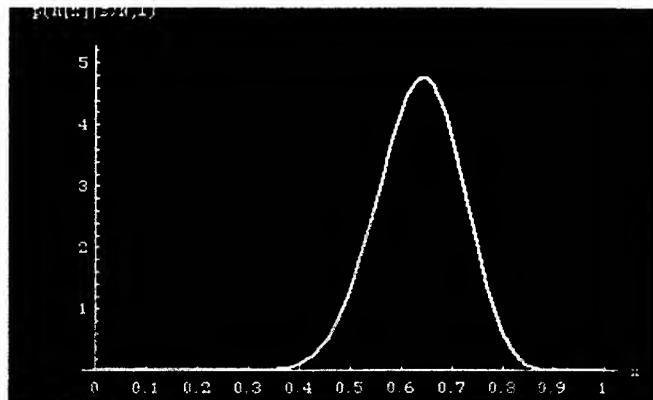

Diagram 0-1 Posterior probability density distribution $p(H[x]|s/N, I)$ where $0 \; x \; 1$ for s = 20 and N = 31

The (probability density) distribution $p(H[x]|s/N, I)$ equation (G1) embodies an „optimal"[63] mathematical translation of our prior knowledge *I* and the empirical factor s/N. Special mention should be made that the size of the random sample *N* exerts a major influence on the character of the distribution. We will discuss this point in greater detail

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[59] Expectations of „success" or „relapse" should be understood in the sense of idealized values that describe a basic property or characteristic of a specific pool of elements.

[60] See JAYNES (1968: 233ff.) or STUDER (1996b: 24ff.)

[61] I.e. in the context of addiction therapy we presuppose that independently of the institution and the specific clientele of that institution, both therapy successes and therapy failures are possible in principle.

[62] For a given natural number k, k! represents the product 1 á 2 á 3 á ... á (k-1) á k.

[63] „Optimal" in the sense that the existing empirical data is being fully utilized and that no uncontrolled assumptions are taken on board.

below. Through mathematical integration (summation)[64] of this distribution along x, the **posterior probability** or the „**probabilistic-logical certainty**" can be calculated for any interval $[a, b]$, where $0 \le a < b \le 1$, to give the likelihood that the characteristic X for the pool under observation lies between the values a and b.

The **best estimate or mean (average) value,** $\square$, gives the expected value of X (which translates into the chance of success (or failure) for a given individual in the pool) by averaging all the values of x^{65}, as follows:

$$\quad \tag{G2}$$

For the example given above, with $s = 20$ and $N = 31$ (s. **Error! Reference source not found.**), the best estimate for the likelihood of success of a *START AGAIN* client who voluntarily enters and completes treatment is calculated as the value $100\square\% = 63.6\%$.

As a measure for the variation or „breadth" of the distribution $p(H[x]|s/N, I)$ we can calculate the **variance, or square of the standard deviation,** $\sigma 2$.[66] The equation for calculating the variance is:

$$\boxed{\qquad\qquad} \tag{G3}$$

The standard variance $\sigma 2$ provides a measure for the degree of uncertainty in our calculation of the best estimate (mean) $\square$. This uncertainty is strongly dependent on N, as explained below in greater detail.

For our initial example, the equation (G3) yields a standard deviation of $\sigma = 8.2\%$. By integration of the distribution $p(H[x]|s/N, I)$ on the mean $\square$, we have the intervals $\square - \sigma$ to $\square + \sigma$ (within one standard deviation of the mean) and of $\square - 2\sigma$ to $\square + 2\sigma$ (within two standard deviations of the mean), which can help us to determine the level of significance of our estimates for the chance of success of clients voluntary entering and completing the *START AGAIN* program, as explained below:

In our example, the range spanning one standard deviation each side of the mean extends from 55.4 to 71.9%, which means that there is a 68% chance that the probability of success (true success rate) lies between 55.4 and 71.9%. If we then extend our span to two standard deviations each side of the mean, which now covers almost the whole distribution, we will find that we can be 96% certain that the probability of success (true success rate) lies somewhere between 47.1 and 80.1%.

As „involved" as these statements may seem, especially in comparison with conventional „heuristic" rate determinations ^ la: „$s/N = 20/31 = 0.645$—which here produces a slightly optimistic success rate of 64.5%—it has to underlined that the results presented here are *optimal interpretations of the data*, ie. interpretations that can yield the most accurate possible empirically supported statements about the chance for recov-

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[64] Integration means: $p(H[a,b]|s/N, I) = \int_a^b p(H[x]|s/N, I)\, dx$, where In practice we have used the software package *Mathematica* for all numerical integrations.

[65] *Best* estimate is here understood in the sense of a squared loss function; it is defined $\int_0^1$

[66] The variance/standard deviation is definded by,

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ery/relapse of individual clients, especially for cases where random samples sizes *N* are small. Now compare the two remarks below.

Additionally, and this is especially relevant for the present study, this form of optimal data interpretation of empirical surveys allows the developed results to be used for solving the delicate question of quantifying the similarities and differences of different groups or classes of clients (thereby comparing them), which can obviously offer only relatively small survey samples.

Before we turn to this task in the next subsection, we want to add two general remarks about the formulas given in equations (G1) to (G3):

1. Large and small sample sizes

For a given mean (average) value ☐ it can be shown that the distribution $p(H[x]|s/N, I)$ as represented by equation (G1) tends towards a Gaussian (normal) distribution as the values of *s* and *N* increase, as characterised by equation (G2) for the mean, and equation (G3) for the standard deviation. Also, the closer ☐ lies to 0.5[67] the faster the Gaussian distribution is approached. As is presented extensively in STUDER (1996b: 24ff.), this tendency towards the universal normal distribution in large sample sizes is an expression of a basic fact of probabilistic logic, namely that the more observation data we have the less important is the prior knowledge context in drawing conclusions, and the more reliable the estimates of statistical values become.

To make this fact vivid, Diagram 2.3.2-2 shows a series of distributions for the probability variable *x* for three (empirical) samples: s/N = 4/5, 40/50 and 160/200. The basic (heuristic) average, 0.8 or 80%, is the same in all three cases, but, as given by equation (G2), the mean (expected) values of success come to 71.4%, 78.8% and 79.7% respectively, which successively come closer to the simple (heuristic) mean of 80%. More is said about this in the second remark.

The standard deviation, σ, for the three cases, as calculated using equation (G3), come to 16.0%, 5.6% and 2.8% respectively. This clearly shows the fact (well known for normal distributions[68] and directly derivable from equation (G3)), that the standard deviation of (probability density) distributions is inversely proportional to the square root of the sample size, ie. σ varies directly with ☐, as *N* becomes large. In other words, as N increases, estimates of probabilities become more and more accurate and reliable. For our series of distributions the posterior probability or certainty that a success rate lies within the reference interval [☐− σ, ☐+ σ] is given by 66.2%, 68.1% and 68.2% respectively for each of the three distributions. If we double the size of the reference interval to [☐− 2σ, ☐+ 2σ], the certainty that the success rate lies within this interval is 94.3%, 95.5% and 95.8% respectively.[69]

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[67] Formal ist die Normalverteilung mit Mittelwert $\bar{x}$ und Standardabweichung σ gegeben durch

$$\phi = \frac{1}{\sigma\sqrt{}} e^{...}$$

[68] As stated above, the variable *x* tends to become normally distributed as *N* becomes large.

[69] The closer the probability density distribution $p(H[x]|s/N, I)$, given in equation (G1), is to a normal distribution with mean $\bar{x}$ and standard deviation σ, calculated according to equations (G2) and (G3), the closer the (posterior) probabilities (certainties) corresponding to the standard reference intervals will be to those of a true normal distribution, as listed in statistical reference tables. As a few examples: If a value is normally distributed, it lies with a **certainty of 68.3%, 95.5% or 98.8% respectively within the intervals** $[\bar{x} - \sigma, \bar{x} + \sigma]$, $[\bar{x} - 2\sigma, \bar{x} + 2\sigma]$, and $[\bar{x} - 2.5\sigma, \bar{x} + 2.5\sigma]$. The values (certainties) in our example differ only slightly from these standard values, and this is always the case as long
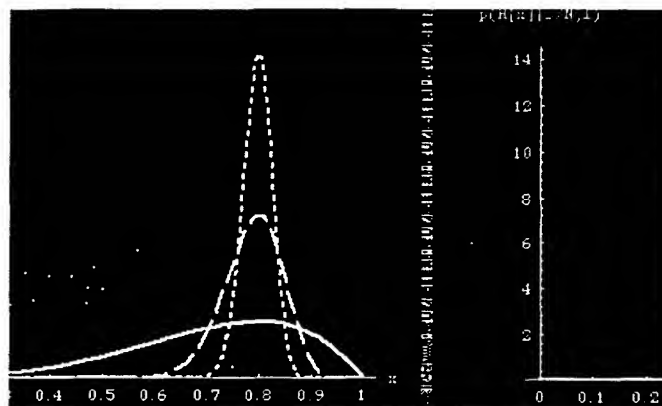
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Diagram 0-2 Comparison of three posterior probability density distributions
p(H[x]|s/N, I) for 0 x 1 with s/N = 4/5, 40/50 and 160/200

The example in Diagram 0-2 illustrates the experience we have encountered in the context of analysing probabilities of success and relapse (as well as other statistics). This could be formulated as a „rule of thumb on the difference between large and small sample sizes" in the following manner:

With random sample sizes, N, between 3, 4 and approx. 20 to 25, it is necessary to conduct thorough probabilistic-logical analyses if one wants to draw any significant conclusions. With values of N from around 50 we can formally[70] assume to have an approximately normal distribution of values. From values of N between 100 to 150 the distribution is so close to being normal that even heuristic quotients (see above) make for appropriate orientation values in discussions and for comparison of different samples.

As stated already, similar conditions apply in relation to other statistical values and lie at the basis of the generally applied „heuristic shortcuts" in the discussions in chapters 4 and 9, where we contrast the entire clientele of START AGAIN (N = 80 and 85) with the pool clientele of FOS, the Residential Addiction Therapy Research Cooperative (serving the whole of Switzerland; N ca. 2,000, respectively. 1,600) at the beginning and end of treatment.

2. Where is the difference between probabilistic-logical analysis and „heuristic data interpretation" most evident?

After what has been said above, this, of course, occurs for relatively small sample sizes, ie. if N is anywhere between 3, 4 and approx. 20, 25 (up to 50), which is precisely the range in which the samples sizes of classes or sub-groups of START AGAIN clients surveyed for contrasting are located (See Chapter 10.) In addition, we should also mention all those cases where s is very small or lies very close to N .

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as s is not very small (0,1, ...) or very large (N, N-1, ...), which is usually the case in the surveys in this study.

[70] Ie. concerning the calculation, but not concerning the interpretation, cf. STUDER (1996b: 14ff.) and more generally JAYNES (1976)

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An extreme example: if among N members of a specific sub-group of clients there are no therapeutic success ($s = 0$), then we get the following result from equations (G2) and (G3):

$$\quad\quad\quad\quad\quad\quad\quad\quad\quad\quad (G4)$$

That is, in cases where we assume (prior knowledge context) that both success and failure are realistically possible, in the face of N failures we do not let ourselves be drawn to the radical conclusion that „for the observed sub-group the chance of success is 0%." In this case the probability theorist will come to a similar conclusion to that of a therapist with understanding of the situation, by calculating the (non-zero) probability that the success rate (or chance of individual success) lies in the reference interval $[\square - \sigma, \square + \sigma]$ as calculated using equation (G4), where the lower border value is 0%. In other words, with prior knowledge, there is room for „hope."

Doing the calculation for the case $s = 0$ and $N = 6$, the statistically significant statement that can be made is that the success rate of the particular group is 75% certain to lie in the range between 0% and 23%.

Conversely, we would not automatically become euphoric on encountering an observation of N successes from a sample of N clients when we have a prior knowledge context. In other words, knowing that non-successes are possible we could not conclude from such a survey that the success rate is 100%. (Using the reference range $[\square - \sigma, \square + \sigma]$ for $s = 6$ and $N = 6$, we would conclude that there is a 75% certainty that the success rate lies in the range 77% to 100%.)

This „controlled, pragmatic cushioning" of interpretations of „extreme situations," as described also in the interpretation of the sample values 4/5 in Remark 1 above, seems to be optimally suited to the context of therapeutic success or relapse and to produce significant results. For results of *START AGAIN* surveys, please refer to chapter 10.

2.3.3   "The same or different, that is the question"

> "The difference between an imaginative scientist on the one hand, and primitive man and religious fundamentalists on the other, is that the scientist clearly recognises the creations of his imagination as *tentative working hypotheses* to be tested by observation; and he is prepared to test and reject a hundred different hypotheses in order to find the right one."
>
> Edwin T. JAYNES (1990: 2)

The *START AGAIN* facility was set up with a firm desire to work with new and dynamic treatment guidelines, based on sophisticated, therapeutically innovative concepts that take into account the immediacy of a multi-faceted everyday social reality, which are hard to predict as far as the processes and effects of therapy are concerned. In view of this, we asked ourselves the following question in relation to this case study about the institution:

Is it possible, for the purpose of conducting periodic, comprehensive reviews of the therapeutic processes employed in the institution, and for testing hypotheses regarding

the effectiveness of different techniques of intervention, to identify and quantify differences or similarities in the effectivenesses of treatment for different categories or classes of clients by systematically comparing the success rates of these different groups in a way that is appropriate to the therapeutic concept and interventionary practice of the institution?

At *START AGAIN* the different categories that we wish to contrast are characterised according to gender, mode of entering and exiting treatment, attendance of external *Vipassana* courses, participation in systemic relationship and/or family therapy, and the use of follow-up treatment opportunities.

We note at this point that unilaterally assigning clients to different categories with different participation options in *START AGAIN* therapy programs, as it would be envisaged in the usual framework of an empirical study with control groups, *cannot be implemented for ethical reasons*. As a result, we cannot simply read the differences in the effectiveness of different techniques for intervention from observed correlations. Instead, we have to connect the empirical insights into the differences or similarities in effectiveness of treatment through surveys of different samples (in the sense of different subsets of clients according to participation in different elements of the program) with insights from case reconstruction work, in order to arrive finally at significant conclusions about techniques of intervention, about categories of clients, or about the institution. At this point we come face to face with the issue mentioned early in this chapter about the need to mesh standardised/quantified and clinical/reconstructive-logical investigation methods, where hypotheses produced in the framework of one research method are used for checking and further investigation in the framework of the other method.

In this subsection we want to discuss the use of probabilistic-logic to quantify the degree of similarity or differences in the rates of success (or non-success) of two groups through a mathematical comparison of two random samples.

In practice we proceed as follows. In the first step, for every sample we determine the mean success rate or mean relapse risk, as explained in subsection 0 above. In the second step we calculate the posterior probability distributions for the above rates/risks.

The second step requires the application of a probabilistic-logical solution to a very common problem that occurs in empirical surveys, namely:

Given two different random samples of different size ($N1$ and $N2$) for particular variable X, whose means are $m1$ and $m2$, and whose standard deviations are $\sigma1$ and $\sigma2$, how can we significantly evaluate the probability that the respective mean values or standard deviations (or both) have the same value or different values, based on this empirical data and an appropriate (prior) knowledge of the context?

In orthodox or frequency-based statistics, two special cases of this problem are known: (1) If one presumes in advance that the two standard deviations or variances are *similar*, the problem is referred to as the **two-sample problem**; (2) If one presumes in advance that the two standard deviations or variances[71] are different, the problem is referred to as the **Behrens-Fischer problem**. The probabilistic-logical analysis of this problem goes back to JAYNES (1976) and is discussed extensively in an article by G. Larry BRETTHORST (1993). In the probabilistic-logic analysis of this problem, a specific weighting of the two cases (1) and (2) is made, so that a prior knowledge context finds its way explicitly into the analysis. In this way, which is typical for probabilistic-logic analyses, the dependency of the result upon a prior knowledge context can be investi-

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[71] As a reminder: the variance is the square of the standard deviation: $v = \sigma2$.

gated in detail. In other words, the result is not based on uncontrollable implicit as-
sumptions.

Since the relevant mathematical formulas in this area are probably difficult to follow for
most readers, we will not repeat them here. Instead we point those interested towards
the detailed and very worthwhile article by BRETTHORST (1993). Through a logical pro-
cess, the analysis seeks to investigate the posterior probability of the following four
theoretically possible cases, making full use of the given empirical data, D_1: $m1$, $\sigma1$,
$N1$ and D_2: $m2$, $\sigma2$, $N2$, and a prior knowledge context, I:

1. The means and the variances of the two random samples are the same: $\vert$

2. The means are different but the variances are the same: $\vert$

3. The means are the same but the variances are different: $\vert$ and

4. The means and the variances are both different: $\vert$

Aside from the remark in footnote **Error! Bookmark not defined.**, a part of the prior
knowledge context, I, consists in the fact that, if *before* the data survey we have no rea-
son to prefer any of the four possible cases before the others, we have to assign an equal
prior probability to all four cases. Since the sum of the probabilities for the four cases
must equal 1 or 100%, each case is assigned a probability of 0.25 or 25%.

Finally we have to mention that we have translated all the formulas in the article by
BRETTHORST (1993) into a computer program using the mathematical software package
Mathematica, which was used for performing all the necessary numerical calculations
for this study.

For the special case of **comparing the likelihoods of success and relapse** (for two dif-
ferent groups) the extended version of the computer program was used to calculate the
four respective posterior probabilities according to the cases listed above. The input
values required for the program were the two empirical value pairs $s1$, $N1$ and $s2$, $N2$ as
well as upper and lower thresholds for the means and standard deviations or variances in
the respective problem contexts.[72] The mean value (best estimate) and the variance of
the success rate or relapse risk are calculated for each random sample ($s1$, $N1$ and $s2$,
$N2$) according to the formulas (G2) and (G3) given in the preceding subsections.

By summation of the four singular probabilities, the respective posterior probabilities
can be found for the following scenarios:

1. The means are (a) the same or (b) different (independently of what is true for
   the variances):

   (a) [⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯]

   (b) [⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯]   (G5)

2. The variance are (a) the same or (b) different (independently of what is true for
   the mean values):

   (a) [⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯]

   (b) [⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯]   (G6)

3. (a) both the mean values and the variances are the same or (b) the means and/or
   the variances are different:

   (a) [⎯⎯⎯⎯⎯⎯]

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[72] The calculation of these restrictions is in this case based on the two formula (G4) with $N = N1 + N2$.

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(b)

(G7)

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By forming quotients or ratios from the probabilities given by the two expressions (a) for „the same" and (b) for „different" for each of the above three points, we obtain a likelihood ratio (odds) that indicates whether the means and standard deviations of the respective samples should be considered the same or different.

As **examples** for the type of expressions employed by our computer program is a comparison between the success rates (based on at least one year of follow-up investigations) for two classes of clients: those who entered START AGAIN voluntarily and those who entered involuntarily. Samples are made up of all those who underwent a complete treatment (1) between October 1992 and September 1995, and (2) between October 1992 and June 1997.

Discussion: The results of the analysis of the computer output (printouts) below should be read in the following manner:

Example 1: The **1992-95 group of voluntary completers** of START AGAIN had a success rate of (71 ± 11)%, which corresponds to around 11 successes out of 15.[73] The success rate for **involuntary (admitted through juridical orders) completers** over the same time was (61 ± 11)%, which comes to around 10 successes out 16. The graphic at the end of the computer printout offers a direct comparison of the two groups by plotting posterior probability densities for the success rate interval of 0 to 1 (0 to 100%) as calculated according to formula (G1) of subsection 0. This graphic comparison gives us a first qualitative impression about whether the two classes differ in respect to success rate or not. In order to answer this question quantitatively, however, we need to refer to the following figures from the computer printout.

The (posterior) probability that the success rates (means) of the two groups are the same is 28%, while the probability that they are different is 72%. This translates into a probability ratio, or odds, of 2.36 to 1 in favour of different success rates. How is this probability ratio to be understood? We can evaluate this difference as one of tendency.[74] In order to speak of a clear-cut difference, the ratio would have to be bigger, as in the next example.

One remark before we proceed to the next example: The interpretation of the numerical values given in the computer printout for cases of variances or standard deviations being the same or different, as well as for cases where both means and variances are the same or at least one pair is different, are completely analogous to the example discussed above. In the context of therapeutic success or risk of a serious relapse, however, the question of most vital interest is whether the means (best estimates) of success or relapse risk are similar or different.

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[73] In keeping with the explanations in subsection 0, the posterior probability (certainty) that the success rate lies within the reference interval $\bar{x} \pm \sigma$, i.e. between 60 and 82%, is 67%; for the interval $\bar{x} \pm 2\sigma$, i.e. from 49 to 93%, the posterior certainty comes to 96%. Cf. also footnote 69.

[74] As a help in interpreting probability ratios: If we have a probability ratio of 2.36 to 1 with a total $N = N1 + N2 = 31$ cases, this is comparable to an outcome of 5 „heads" to 2 „tails" in 31 throws of a coin. If a coin gave us this result, would we assume that it is „biased"? Yes, in tendency What if the ratio were 5 to 1? We would then be practically certain that the coin or the throwing of the coin was biased. In addition, in a gambling context, suspicion would soon arise if outcomes were unbalanced to this extent or later, depending on how much money was at stake.

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3 Post-socialisation vs. re-socialisation and the task of addiction rehabilitation from a structural perspective

In the first section, before we turn towards a model of the pragmatics of a life specifically damaged by addiction and the deducible problem of rehabilitation from addiction from a structural perspective, we wish to lay out a general terminological frame of reference pertaining to the sociological theory of socialisation. The representation pursued, like that in section 2.2, is twofold: an expansion of the basic terminological apparatus for the case study; and a further explanation of terminology to provide a theoretical basis for the socially rehabilitative practices employed by *Start Again*.

3.1 Socialisation genesis of autonomy - diffuse vs. specific social relations and a structural model of family socialisation

3.1.1 Introduction

In systematically contrasting and detailing a number of case reconstructions of Start Again clients—like the illustrative case representations of Beat Kaiser below, or of Natalie Lang in chapter A2—it has been shown that to develop a structural model of addiction,[1] it is necessary to integrate the variety of reconstructed characteristics of life practices specifically influenced by addiction into a comprehensive context. A structural model of primary family socialisation and the terminology pertaining thereto, provide a useful frame of reference. Therefore we start in this chapter with a summary of OEVERMANN's sociological theory of socialisation.[2] It provides a

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[1] While we formulated our aim in the project application as being the comprehension of a typology of the clientele of Start Again, in the course of the study it became evident that the following structural model of addiction provides a highly suitable framework for such a typology as well as satisfying all the requirements of the case study. In addition, more case reconstructions would be necessary before a final evaluation of the typology of Start Again's clientele could be made definite. This may be done at later occasion.

[2] Cf. OEVERMANN (1979; 1996a: chapter. V); OEVERMANN *et al.* (1976); OEVERMANN and KONAU (1980) also PARSONS (1964: 73-98)

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structural model of the socialisational genesis of autonomy, that is, of the socialisational development of a mature, healthy autonomous practice of life under the conditions of modern industrialised societies.

Similar ideas may be found in HILDEBRAND'S text *Day-to-Day as Therapy* (1991: 36), which includes a socio-historical summary of the family, which in accordance with the rationalistic character of the development of modern societies is distinguished by the *modern privatised nuclear family*, which in turn is itself the basis for the *modern individual*. Before we turn to the socialisation theory in detail, two general remarks.

(1) We refer to HILDEBRAND (1991:49 pp.) for the following:

„Primary socialisation processes require a certain familiarity and stability for sensibility. On the other hand [...] the model of the petty bourgeois family appears to be subjected to indicative erosive processes.

De-facto relationships, rising rates of divorce and falling rates of remarriage, as well as an increasing number of births where the children will be raised by a single parent from the very beginning,[3] force a re-evaluation of the stability of marriage and family.

They do not, however necessitate a re-evaluation of the structural prerequisites for a propitious socialisation [Italics by UMS].“

In particular, the cases represented in this study may demonstrate how the damaging of such structural prerequisites within a particular family milieu in which the life story of an individual begins may multiply and finally result in a practice of life manifestly damaged by specific addictions.

(2) In this context, it should be made clear that for hermeneutic therapeutic research, in the same way as for professional therapeutic practice,[4] the central interest is not the subsumption (categorising) of cases with damage characteristics, but rather the posing of potentially resource-opening questions, such as: „How did the family or the individual manage the damage of structural prerequisites?“ „What was the reaction to that which arose out of the damage?“ Which case-structural elements refer to the routinely re-enacted experience of trauma?“ „Was the absent father or mother who died at an early stage taken up as a symbol, or not?“ etc.

From a sociological perspective, the socialisation or social genesis of an autonomous subject progresses in practical participation in three different, interactive, diffuse social relationships, according to the so-called Oedipal[5] triad, which characterises the structural laws of the interactive system of family socialisation. This, as we are about to demonstrate, will establish a more basic foundation than the inadequate socialisation models of biologically determined maturity, on the one hand, and reward-penalty-conditioning and model learning on the other.

3.1.2 Diffuse/personal vs. specific/role-formatted social relations

In reference to PARSONS, OEVERMANN distinguishes between diffuse and (functionally)

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[3] Compare with the remarkable contributions in LÜSCHER et al. (1988)

[4] This is particularly valid for Start Again, because of the attempts to provide systematic aid through additional internal and external education into which research results are often incorporated, resulting in a progressive professionalisation of the addiction treatment. (For more information, see chapter 2.)

[5] „Here we should immediately make clear that we are not dealing with psychoanalytic theory. The term „Oedipal“ is merely drawn descriptively from the theory, in the same way that Freud drew on the Oedipus myth in order to mark certain reoccurring observations in his psychoanalysis sessions.“
OEVERMANN (1996a: 110)

specific social relations. **Specific social relations** are determined by a three key features: (1) a limited spectrum of themes; (2) that partner in a relationship who wishes to add a new theme to a preliminary „agreed" upon or institutionalised list of themes, carries the burden of justification; and (3) even with a change in personage, by merely conforming to the archetype, role-specific social relations retain their structural identity.

In contrast to Parsons, Oevermann does not consider **diffuse social relations** as role relations, but rather the opposite—as non-role-formatted social relationships between *whole human beings*. The only known *prototypes of diffuse social relations* are *partner relations*, the *mother-child* and the *father-child relations* composing the Oedipal triad.

These are characterised by the fact that: (1) almost anything may basically be taken up as themes in them (the whole human being is constitutive for them); (2) that member who wishes to exclude a theme carries the burden of justification for it; and (3) the personages are not exchangeable. Thus, these are lasting relations in accordance with their requirements.

To put it differently, diffuse social relations or familial dyads become role relations at the moment of their failure. This important feature explains why the terminological apparatus of role theory does not work effectively in the analysis of systems of familial or socialisational interaction, and therefore can not be used to decode the elementary form of sociality evident in such a system. OEVERMANN (1996a: 112) argues thereby, that it is exactly this „elementary, role-free sociality following the pattern of diffuse relations of whole human beings" that has to be regarded as the founding basis of sociability.

3.1.3 The structural law of the Oedipal triad

According to OEVERMANN, in systems of familial interaction, two types of diffuse social relations or dyads occur: the **partner relations** and the **parent-child relations**, whereby the latter is further categorised into mother-child and father-child relations. A common characteristic of the two types is the fact that the personages composing them, in accordance with the definition of diffuse social relations, are *whole, non-exchangeable human beings,* where this non-exchangeability is based on four structural characteristics:[6] (1) a *physical basis* is constitutive of these relations (erotic solidarity of the partner relations or infantile eroticism in early childhood); (2) they are founded as *interminable* relations; a separation is always a failure (solidarity of the mutual way of life); (3) *trust* has an unconditional basis and is produced through unconditional execution (unconditional solidarity); and (4) they are characterised by a *generalised, unconditionally affective bond* (affective solidarity).

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[6] Cf. OEVERMANN (1996a: 110)

Gattenbeziehung

Vater   Mutter

**Eltern-
Kind-
Beziehung**
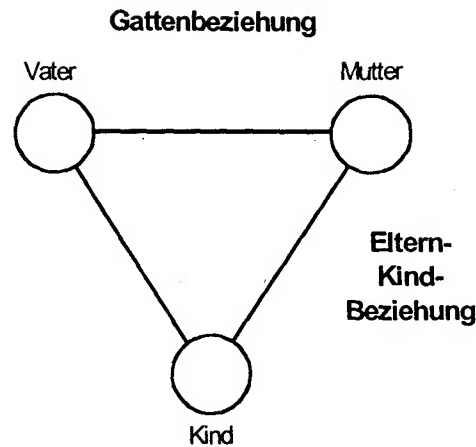
Kind

{ gattenbeziehung= generic relations; vater=father; mutter=mother; kind=child; eltern-kind-beziehung=parent-child relations)

Diagram 3.1.3-1 Oedipal triad as the locus of the genesis of autonomy

In spite of these characteristic commonalities, Oevermann points out an incisive structural difference between the generic relations and the parent-child relations as follows: (1) In contrast to the partner relations, which exists between two autonomous subjects, the parent-child relations are asymmetrical, since they are constructed of an autonomous subject and a subject who is not yet individualised. (2) While a reciprocal (mutual) sexuality is the basis of the partner relations, the mother-child and father-child relations are subject to a sexual prohibition, in accordance with the **incest taboo.**

The question that now arises is, how the encounter and interaction of the three partners of a familial socialising system—namely, mother, father and child—works to develop and solidify an autonomous life practice for the physically and psychosocially maturing child (the socialised). According to OEVERMANN (1996a: 113 pp.):

> „For all three dyads composing the Oedipal triad to be valid, they must be characterised by a claim of mutual exclusivity between partners. Otherwise they could not be relations between humans. This leads to a cogent and constitutive fact of the Oedipal triad—that every structural element in it, that is, every participating person: (a) has to share the claim to exclusivity towards a dyad partner with a third, which is a contradiction in itself; (b) has to tolerate this sharing with a third with regard to two different partners; and (c) has to divide its attention to reciprocate with two different partners. The result is a „normal" state of permanent jealousy, which becomes pathological with any break in the dynamic of the law of transformation of the Oedipal triad of which it the emotional expression."

OEVERMANN, thus defines the Oedipal triad as a „unit of multiple contradictions," as a locus characterised in terms of structural laws by the irrevocable, contradictory nature of divided (partialised) claims to exclusivity. Here, the basic action of inclusion or exclusion provokes a nonadjustable dynamic, which is the social basis for the development of the individual.

3.1.4 The entire socialisation process as a succession of detachment crises

Now that we have defined the basic structure of the system of familial socialisation, the Oedipal triad and the dynamic at work inside it, the entire socialisation process can finally be comprehended as the succession of four central crises of detachment—crises in the sense of breaking of routines, as detailed in subsection 2.2.4 in chapter 2[7]:

1. Detachment from the primary symbiosis in the mother's womb by the birth process
2. Detachment from the mother-child-symbiosis
3. Detachment from the manifest oedipal triad
4. Detachment from the originating family in the management of the adolescence crisis.
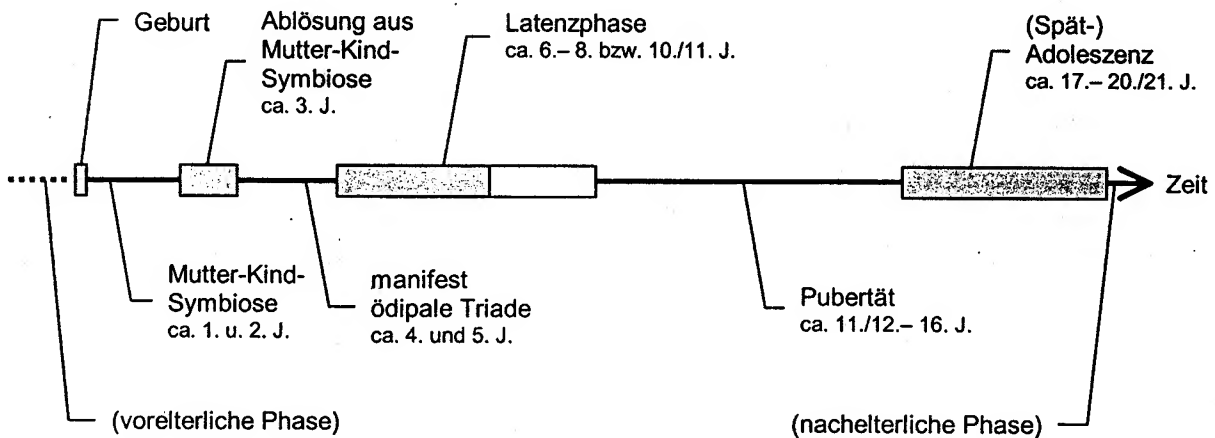
{geburt=birth; abloesung aus mutter-kind-symbiose=detachment from mother-child symbiosis;

latenzphase=late phase; spaet adoleszenz=late adolescence; vorelterliche phase=pre-parental phase; pubertaet=puberty; nachelterliche phase=post-parental phase; zeit=time}

Diagram 3.1.4-1 Schematic representation of the entire socialisation process as a succession of detachment crises

Following are a few remarks regarding the structural specificity of meaning and the content-based design (principally from a socio-psychological perspective and to a lesser extent a psychoanalytic[8] perspective) of these detachment crises and their intermediate phases. We do not make any claim to completeness here. We merely want to emphasise a few central impulses that are

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[7] Cf. OEVERMANN (1996a: 114)

[8] A few basic psychoanalytic terms will be introduced here and in the next subsection, amongst other reasons, because these terms occur increasingly as a prerequisite in discussions concerning institutional financial support for addicts. This fact was the result of the federal ministerial department for social security demanding that individual addicts have a clarified disability status. (See section 5.2.) As a reference, the texts by ERIKSON(1992) and the articles by FAUST (ed.) (1995) as well as ERNE (1996) should be mentioned. A conglomerate of linguistic, psychoanalytic, developmental psychology and sociological terms that have influenced our position can be found in MERLEAU-PONTY's „Seeds of Reason" (1994).

important to the understanding of the structural characteristics of addictive behaviour. All age specifications serve as a rough orientation and are not absolute!

1. The **mother-child-symbiosis**, which follows the incisive experience of **physical birth**, and which according to psychoanalysis is categorised into an oral phase (first year) and an anal phase (second year), is significant for the infant through emotional care and the satisfaction of hunger or thirst. In this phase, a basic emotion, supported by the experience of being loved and understood, is founded—namely that of *primal trust, of unconditional trust and safety*. Here, it should be noted that the *unconditional* aspect of this trust is crucial. That is, it does not revolve around a conditioned trust in the sense of an exchange agreement, as in „if you give me this, I will give you that in return." Sensual bodily experiences and internalisation of the mother image provide the basis for the development of self-image and learning to *distinguishing between self and non-self or other*. According to the logic of symbiosis as a unit of mutual benefit, we note the fact that for the mother, the mother-child-symbiosis is a fertile source of psychosocial differentiation processes and resulting maturity. This commences with the awareness of changes in the self and with the subjectively perceived self-worth as a female and proceeds with the internalisation of a change in social status due to becoming a mother.

2. For **detachment from the mother-child-symbiosis** to occur, it is central that the *father starts to be distinguished from the mother and seen as an equally important figure*. That is, he needs, to be able to „interfere" with the symbiosis so that, finally, the above-described socialising dynamic of the Oedipal triad may develop in full. From the child's perspective, the process of being educated in personal hygiene and the beginning of linguistic development[9] is accompanied by the opportunity of *power conflicts* and by the experience of negation. The *experiential binary opposition of self-relaxation/surrender and self-domination/control* start to develop. Speaking psychoanalytically, this is the phase where the *sprouting of Super-Ego or conscience development* takes place.

3. The structural laws of the **manifest oedipal triad** have been comprehensively detailed above—the child is integrated into the basic interactive type of *diffuse social relations, that is, of the social relations of whole human beings*. With regard to the psychosexual development of the child, this is the point where attention starts turning to the sexual organs (phallus or clitoris). This is why psychoanalysis speaks of the phallic phase, where the child discovers *gender* or *sexual difference*. The parent of the other sex becomes the „*locus of desire,*" while the parent of the same sex becomes the „*locus of identification.*" The internalisation of the *incest taboo* by the child can be regarded as the „practicing" of a basic form of rule or directive, wherein the child, so to speak, starts to retrace the evolutionary transition from nature to culture in its own development (see subsection 2.2.5).

4. During the **latency phase**, so called for the characteristic „rest break" it represents in the sexual development of the child, a crisis of detachment—the growing out of the manifest Oedipal triad of the organic socialisation milieu—is initialised. The „practising" of the structural logic of *anonymous, role-forming social relations* becomes central. The first social role that the growing child must assume in this period is that of the *pupil*, in relation to the complementary role of the teacher. The requirement of functional-specific or role-forming „pupil-behaviour" will inevitably orient itself in the structural logic of the only intimate diffuse social relationship so far known— that between parent and child. This is the important fact from which OEVERMANN deduces the structural law determining pedagogical behaviour (especially for this phase), namely, that such

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[9] An excellent study of the linguistic development of the child in the tension between biology and culture that is close to our perspective is one by BRUNER (1997).

actions are characterised by an implicit therapeutic dimension, besides the *mediation of knowledge and normalcy.*[10]

With respect to the latency phase, in reference to PIAGET, OEVERMANN (1996a: 146 pp.) also underlines that the socialisational significance of the „purposeless game of cooperation" and *peer group* formation represent the first experiences in a „socialisation format consisting of equals external to the family (and external to the institution of school), based on cooperation, unforced respect, and independent of authority." The *peer group* serves to bring about, in the child or youth, a reduction of emotional tension and uncertainty about detachment from the family. In the practising of adult behavioural patterns, the peer group also enables a turning towards the full responsibility of adulthood. OEVERMANN labels the peer group as the structural locus „in the womb of which the ideal of social justice and cooperative reciprocity [mutuality of perspectives - UMS]" is formed—a fact that forms the basis of a development of moral autonomy.

„During the latency phase, the expression of tenderness, as well as associated affective capabilities such as confiding in others, are acquired. This is at about the same time that the ego-apparatus is developed." (See MERLEAU-PONTY, 1994: 360.)

The socio-psychological theoretical tradition of symbolic interactionism (MEAD, GOFFMAN, STRAUSS et al) emphasises the basic process of *perspective adoption* (role taking) in the context of the fundamental process of interactive learning of symbols and roles during socialisation. By means of adopting the roles of others, one's own „situational definitions" are related to those of others. One's personal actions are then directed by others through the means of anticipation (internal foreshadowing) of successive actions, possible reactions and expectations. From a structuralist viewpoint, this basically involves the integration of socialisation into a permanently changing predetermined (by rules) creation of objective allowances for action, as well as the realisation of individual, subjective motives, expectations, opinions, imaginations, hopes and wishes. (See subsection 2.2.5)

5. From a psychoanalytic viewpoint, the phase of **puberty** (or early to middle adolescence) is provoked by physical sexual maturation in which formerly denied conflict constellations are rekindled, although now to be dealt with on the basis of a different body and a different psychic organisation. The psychic status of the adolescent at this stage is signified by ambivalence and inner conflicts—struggle against paternal care and fear of loneliness and isolation, feelings of grandeur and emptiness, love and disappointment—sometimes changing rapidly from one to another.

„Delusions of grandeur serve as protection against rejection, failure and disappointment. Arrogance, rebellion and disrespect towards authorities are frequent. Besides the tendency to project internal experiences onto external reality, an overwhelming desire for love exists. The adolescent is in a phase of constantly changing ego-conditions. Its defence and conformity mechanisms become more complex.[11]"

A central term for this phase (and for the following (late-) adolescence) is that of *identity or ego-identity.* Generally, identity describes the relation between the individual self-image/self-conceptualisation and the self-knowledge of a person—or of a social construct (couple, family, group, organisation, state, ethnic group, etc.), which in this context is not necessarily elemental—and the social experience and awareness of that person.

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[10] This thought is central to OEVERMANN'S conceptualisation of pedagogical professionality and is laid out in detail in OEVERMANN (1996a: 141 pp.)

[11] FAUST (1995: 370).

While the psychoanalytic tradition comprehends identity as a psychic organisation principle, social psychology comprehends identity as a social organising principle.

In the same way that we conceptualised the self as a unit of contradiction between the world of reality and world of possibilities in subsection 2.2.3—namely as an „I" in the here-and-now and as a „mine," or as a self-confident and self-reflective self—so also, the self or identity can be conceived in terms of the dialectically shifting relationship between the individual and society (GOFFMAN, 1967).[12] On the one hand, we have *personal identity* that is prescribed to an individual by its interaction partners. This identity refers to the individual's unmistakable biography and to those structural characteristics that allow the individual to be distinguished from all others. On the other hand, *social identity* consists of all those behavioural structures to which the individual is committed on the basis of normative role-expectations—that is those structural characteristics that show an individual to be like any other.

GOFFMAN then juxtaposes these two contradictory forms of identity with the subjectively experiencable *ego-identity*. The function of this identity is to establish a „balance" between the two poles so that there is no danger of a drifting to either of the two extremes—a coercion or depersonalisation of the subject in different anonymous role contexts on the one hand, or a stigmatisation resulting from extremely divergent normative actions on the other.

6. (Late-) adolescence itself is characterised by the fact that the consequent differentiation and consolidation of the individual developmental processes which the child has undergone up to this stage in life are granted, so to speak, a partial „psycho-social moratorium" (ERIKSON)—a partial moratorium with regard to commitment and responsibility towards the general demands for rationally accountable decisions made under the pressure for action. Referring to the socialisational genesis of autonomy, OEVERMANN formulates (1996a: 146pp) that only after conclusion of the **adolescence crisis** can a forming and developing individual (a socialised) be capable of accepting, as an adult, „contradictory, unreasonable role demands and obligations made by society on the basis of a solid concept of personal uniqueness and identity, in such a way that he does not suffer illness there from." At the conclusion of the adolescence crisis, to become a responsible citizen, the individual must be capable of the following three skills for autonomous life practice: (1) the ability to clearly separate self and other: (2) control and management of affective and emotional crises; and (3) the ability to accept and successfully manage the tensions between two basically irreconcilable, juxtaposed rationales: the pursuit of *personal interests*, and solidarity with the other and *communal utility*.[13]

The basis for this is that by the conclusion of the adolescence crisis, the individual has almost completely developed his *capacity for interpretation of meaning*. That is, he is able to decode the latent meaning structures of his own actions and those of others with certainty. An important „shortcut" mechanism for developing awareness and understanding of the significance of human behaviour in order to guarantee the success of normal day-to-day life is provided by „the *'transposing' and analogisation* of new situation structures onto the structures of significant events and scenes of childhood or the familial socialisational interaction."[14]

Before we engage with a structural model of an addict with specifically damaged life practice, in the following section we will give an introduction with the aim of illustrating the main themes of the analysis, the family or life story of a Start Again client.

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[12] We follow GRUBITZSCH and REXILIUS (1994: 474pp. and 1076pp.)

[13] Cf. OEVERMANN (1998a)

[14] OEVERMANN (1996a: 160)

A contrasting case may be found in chapter A3.

3.2 Illustrative analysis of the family and life story of Beat Kaiser[15]

Before we start with this case analysis, I wish to add some general comments. With regard to the professional, systemic-therapeutic work of Start Again, it is notable that the logic of a social scientific case comprehension does not differ structurally from the logic of a case reconstruction performed for the sake of therapy. The difference is merely one of signification, as given by the fact that: (1) a scientific case reconstruction, in contrast to a therapeutic one, does not proceed due to a pressure for action and does not return to the designation of a vital encounter process between problem and therapeutic system; (2) a therapeutic case reconstruction has achieved its purpose if/when the therapeutic task is fulfilled, without any claim to have comprehensively illuminated the case; and (3) comparisons of cases, in the sense of minimal and maximal contrasts, is conducted systematically and explicitly in a scientific context but remains rather implicit in a therapeutic work context, where it is similarly permanently conducted.

3.2.1 Analysis of the genogram of the Kaiser-Maier family: „disintegration and stigmatisation"

A standard procedure used in Start Again, as shown here for the case of Beat Kaiser, is to collect objective familial historic data (like dates of birth and deaths, and details of religion, weddings, separations and divorce, professions, residences, and important events) and then graphically and comprehensively organise them into a genogram.[16] For Beat, this procedure was undertaken a couple of weeks after his initial entry as a social anamnesis, so to speak. Further information of central importance to the family history are based on the many stories related about different family members during the course of the therapy, the main points of which have been recorded in the client documentation of Beat.

In the following we provide a summary of the sequential analysis of the genogram of the family Kaiser-Maier (see diagram 3.2.1-1). In relation to this, we remark upon a number of decisive points in the chronological arrangement of the family's history (over at least three generations) and inquire into the possibilities for action pertaining to these times/events. These are then contrasted with the actions actually taken, in order that we can eventually reconstruct an historically developed pattern as a case structural hypothesis about the way the family has sought solutions to its problems up to the present. The central question here is: „What opportunities for self-realisation are people presented in their lives and what efforts do they make to take advantage of or expand on these opportunities, and where do they fail to use their autonomy in an adequate manner."[17]

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[15]The following presentations rest upon any analysis made in collaboration with Bruno Hildebrand in the framework of a research seminar at the sociology institute of the University of Jena. For reasons of privacy all the data (names, localities, professions, etc.) have been completely „anonymised."

[16] For the definition of the graphical sign see McGOLDRICK and GERSON (1990) and section A3.2

[17] HILDENBRAND (1995: 13).

Familie **Maier**

alle röm.-kath.

H ?   Immenstadt im Allgäu (D)

1902- ?
Haushälterin
Chur (CH)

1905- ?
Haushälterin
Zug (CH)

Familie **Kaiser**

alle röm.-kath.

H ?   ab 1913 in Chur (CH)

Schuh-
macher
aus
Kassel (D)

Clara
Hausfrau
aus Kuf-
stein (A)

Sepp
Kessler
Briefträger
aus Radolf-
zell am
Untersee (D)

Franziska
1900-85
Schneiderin

"Oma"
ca. 1900-67

"Opa"
1900- ?
Fabrik-
arbeiter

H ?   Meersburg am Bodensee (D)

Georg
1911-61
eigenes
kleines
Sanitärun-
ternehmen

Hubert
1912-60
CH

Eva
1920-95

Anna
ca. 1920

ab 7. Lebensjahr

Waltraud
1925

Volker
1930

Manfred
1932

H ?   Chur (CH)

Meersburg (D)

Radolfzell (D)

Monika
1955

Beat
1957

Rolf
1959

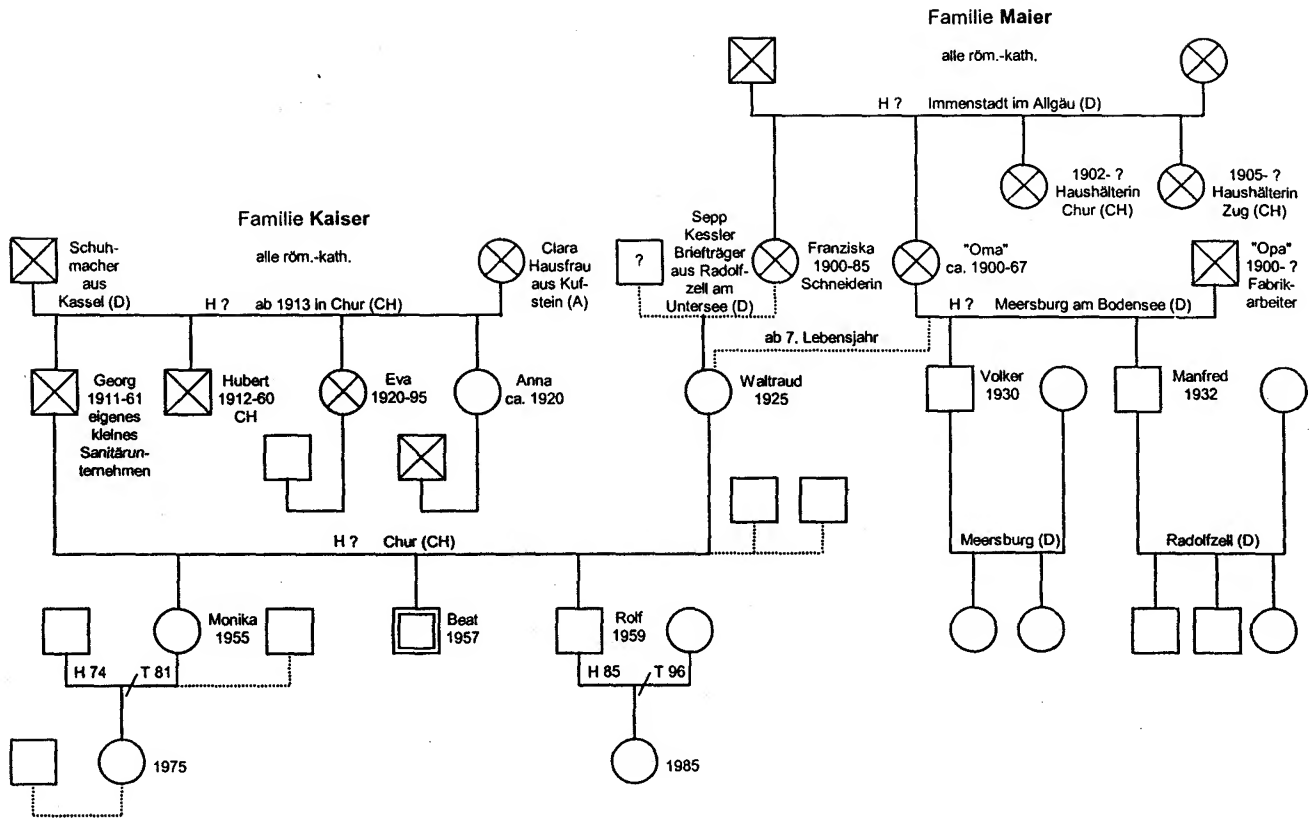H 74   T 81

H 85   T 96

1975

1985

Diagram 3.2.1-1 Genogram of the family Kaiser-Maier of client Beat

We commence with the family history, first on the paternal side, then on the maternal side of Beat's family, in order to analyse how the two historic threads have intertwined in Beat's family life.

3.2.1.1 Family on the paternal side

Grandfather Kaiser came from Kassel in Germany. Besides having undergone confirmation as a Roman Catholic, all that is known of him is that he worked in the traditional profession of cobbler/shoemaker. Of his **wife**, we know that she came from Kufstein (in the Inn Valley) in Austria, a locality along the Brenner Highway, which is an ancient passage across the Alps. We point out that the mountain valleys with their high concentration of traffic are characterised to a certain degree by disintegration. The inhabitants have a tendency to leave the area in large numbers.

We do not know why the grandparents Kaiser move to Chur, in Switzerland, in 1913.

It is certain, however, that they had to submit to a substantial pressure to conform in Chur. At the time (World War 1,1914-1918), the Rhine Valley area of Chur was characterised by conservative attitudes and widespread tendencies to reject of outsiders/foreigners. Integration was difficult. The Kaisers were strangers in Switzerland, so called „labor migrants." Since they did not speak Swiss-German, their language marked them clearly as foreigners.

Georg, the eldest son, and later Beat's father, is 2 years old when his family arrives in Switzerland. During World War 2 he fights on the German side and becomes a POW of the Russians. He

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manages to escape, and after the war he returns to Switzerland. There, he establishes a small plumbing business. As such, like his father, he works in a solid and traditional profession. He dies aged 50, of a brain tumor.

Concerning the question of his choice of wife, we can reasonably assume the following: At the time of his marriage he is relatively old (certainly over 40, since at the birth of his eldest daughter he is already 44), a solitary, battling type, not fully integrated into Swiss society. He is a serious man but nonetheless socially damaged. Hypothesis: Since he has no access to established circles of Swiss society, he will look for a socially marginalized woman for his wife.

Georg and his brother **Hubert**, the second of the siblings, do not have Swiss citizenship, in spite of the fact that they grew up in the country. The procedure for repatriation, however, was very time consuming and costly at the time.

Their reasons for participating on the German side during the war are unknown. We can assume, however, that if they had not participated, their German citizenship may have been cancelled, thus leaving them without belonging to any country at all. On the other hand, they must have attracted attention in the German army because of their Swiss dialects. Their situation is marked by certain *inner conflicts*.

The two younger sisters, **Eva** and **Anna** are born after World War 1. We can suppose that the Kaiser family pursued a carefully considered family plan. The oldest two children are born prior to the move to Switzerland. Then, after the family gets established in Switzerland and waits for World Ward 1 to pass, they have another two children.

It is remarkable that the names of all the children are very traditionally German. This creates a tension with the fact that the children of the grandparents Kaiser belong to a transitional generation that should have achieved integration into Swiss society, since their parents had already been migrants. In the case of the sons, integration would have been more difficult due to their participation in the German army in World War 2.

As a whole, the family Kaiser is characterised by disintegration.

3.2.1.2 Family on the maternal side

Beat's maternal great grandparents spent their lives in Immenstadt, which lies in the German area of Allgaeu. Of them, no further details are known, with the exception that they conceived four girls in a span of five years.

Franziska, the eldest daughter and later (physical) grandmother of Beat, is a tailor by trade. She has a wooden leg and spends her whole life in Immenstadt, except for her last two years of life, which she spends with her sister's („Nan") family in Meersburg on the Bodensee [a lake in South Germany] and in a nursing home. In the course of a brief relationship with a postman **Sepp Kessler** (possibly during a visit to her sister's at the Bodensee), she gets pregnant. Due to the impermanence of her connection with the father, she gives birth to an illegitimate child, who is to be the mother of the client. She keeps the child with her in Immenstadt and cares for her during the first seven years. At her place of residence, she is *doubly "stigmatised" or socially disqualified*—firstly because of her wooden leg, and secondly because of her illegitimate child.

Waltraud, Beat's mother, is separated from her mother at the age of 7, as mentioned. At this point, she is moved as a foster child to the family of her mother's older sister („Nan"), at Meersburg on the Bodensee. Though her standing in this family must have been precarious, she was eventually able to settle in and be accepted, probably due to her efforts *to make herself useful*, and therein, so to speak, *permanently redeem her feelings of guilt*, which perhaps explains *the disposition for caring* she developed. Taking into account that she grows up in the home of her

grandparents as an illegitimate child, where she likely poses a constant provocation and is subjected to a number of humiliations (the grandparents are ashamed of the child, the child is ashamed of her socially disqualified mother), we can hypothesise *that when she comes to her foster family she is already in a state of trauma.*

During the World War 2, Waltraud is a member of a German youth organisation, where she undergoes training as a nurse. She is therefore able to enter a profession that suits her disposition for caring well.

After the war she moves to Chur in Switzerland, where an aunt, working as a housekeeper, is already settled. Her progression from nurse to nanny to mother and householder, sees her cease working as a carer outside the home, although she continues to express herself as a carer within the family, where she nurses her husband at home for two years before his premature death and raises three children. After the death of her husband she works as a kiosk assistant and later as a secretary. Two further relationships with men are symptomatic, in that the men are also people who she has to care for.

Summary of the family lineage of Beat's parents

We find a basically traditional orientation on both the paternal side and maternal side of Beat's family. However, on the paternal side, this is characterised by disintegration, while on the maternal side it is characterised by stigmatisation.

3.2.1.3 The family line of Beat Kaiser

In accordance with the hypothesis proposed about his choice of a marriage partner, Georg [Beat's father] chooses Waltraud as a wife. He first met her through his work. She was working as a nanny in a family that had hired him to do some sanitary plumbing work. Waltraud thus ends up with a husband 14 years older than her. This is understandable, since she was drawn to men whom she could consider fatherly, to compensate for the lack of a father figure in her childhood.

Georg and Waltraud did share a *common history* before they knew each other, in the sense that they shared the experience of being socially marginalised in the conservative environs of Chur. Georg was an outcast for being of a migrant family; Waltraud for being an illegitimate child. In addition, they had both experienced the two wars. Given their background, their mutual choice is understandable.

The family milieu probably follows the traditional pattern of immigrant parents who tend to live in relative isolation, while their children represent a transitional generation that integrates into the new society. However, this process failed in the case of Georg's family. Interestingly, the names of all the children are rather traditionally Swiss.

Due to the early death of the father, the family milieu probably became something of a survival unit, in which *everything revolves around the mother*, who very likely brought to bear elaborate caring and cohesive qualities. In connection with this, we can mention two memories of youth related by Waltraud to her children, most notably to Beat. During the war she was once pursued by a low flying enemy aircraft, managing to save herself only by jumping into a ditch. Also, as a nurse, following air raid sirens, she had to carry sick and injured people into shelters, some of whom died in her arms.

Monika, the eldest daughter married at 19, likely due to a pregnancy. She thus

leaves home early. She becomes a doctor's assistant, taking after her mother's caring disposition, though in a less pronounced manner.

We will turn to the story of Beat himself in detail below. Beat's brother **Rolf** becomes a brick-layer and works as an employee of a workshop.

Summary of the family lineage of Beat

A father figure is lacking in the children or is only very feeble (early death of the father). The mother can not make up for this due to the lack of a father figure in her own life and attempts at bringing in a social (step) father fail twice (no pronounced father symbol). Thus, there is nobody in the family to set limits. In the mother's case this is connected to the fact that she grew up being unwanted, and so tries to please everybody for self-legitimacy. She thus develops a powerful tendency to care for others, an attitude that undoubtedly shapes the organisation of diffuse social relations with her sons. The two sons, Beat and Juerg, grow up „without limits." Yet, their mother does attach them to herself with her strong sense of caring, particularly her eldest Beat.

Before we deal in more detail with Beat's life story, two remarks on the addictive

behaviour of his two siblings. After an initial phase of alcohol and cannabis consumption, the older sister Monika is addicted to tablets for many years. She does, however, manage to quit her addiction with the support of her second partner and treatment at a psychiatric clinic. The younger brother, Rolf, becomes a heavy marijuana smoker from the ages of 18 to 20 while he is sharing a flat with Beat.

However, after he is arrested for committing a felony, he rejects cannabis and orients himself more and more towards traditional proletarian and family values.

3.2.2 Analysis of a chronological curriculum vitae presentation of Beat Kaiser: „a strong intellect but lacking in emotional support"

In the first two to three months of their stay at Start Again, clients work on writing a *curriculum vitae* as part of the therapeutic program. Beat's written presentation of his CV is the primary source for the following analysis.

3.2.2.1 Preliminary remarks on the difference between a CV and biography

In the social sciences, a detailed *curriculum vitae* characterised by interactive context and real occurrences, in which only selected (consciously or unconsciously) themes are related, is a **biography**. An impressive paradigmatic explanation of the potential practical impact of the conceptual difference between a CV and biography in therapeutic behavioural contexts has been elaborated on by (amongst others) Buchholz, in his article „The metaphorical condensing of structures of meaning" (1996), by way of a discussion of a systemic family therapy session.

While curriculum vitae can not be changed, since what has happened has happened, biographies may be rewritten or written anew. This leads to the effect that time is retroactively organised anew, and therefore, new plans for the future will evolve. In other words: change is facilitated.

A similar view on the significance of distinguishing between a CV and biography is taken in Start Again. In terms of the Start Again therapy program, this translates as follows: Firstly, all potential clients must include an „application curriculum vitae" on applying to join Start Again. Then, in the first two to three months, on the basis of the application CV, the clients write a „chronological presentation of the CV." Later, about halfway through the therapy program, they develop a second (partial-) biography, this time with the focus on their „career as an addict." This involves the so called „addiction labour." Finally, in the last phase of the program, the so called

„addiction chronology" is written. This is a one-sided, brief outline or summary of the client's entanglement into the addiction, of the active time of addiction, and of the preliminary course of rehabilitation. It should be pointed out that the addiction chronology was compulsory for all clients in the first three years of Start Again, while now the chronology is employed only in special cases.

3.2.2.2 Chronological *curriculum vitae* of Beat Kaiser – a biography

July 1957	born in Chur
1961	father dies
1962	four months hospitalisation due to hip operation
1964-69	primary school in Chur
1968/69	back brace due to back injury
1970-73	secondary school in Chur
1971	leg fracture in a skiing accident
1975-78	employee of the shire bank in Chur, first experiences with hashish, LSD, speed, heroin and cocaine
1976	first sexual experiences
1977/78	first own residence
1978	travel to Amsterdam and Istanbul
1979	travel to Italy, India, Nepal and Thailand; two months jail in Thailand
1980	miscellaneous casual jobs
1981-87	editor and typesetter for a publishing house
1981-83	lives in a farmhouse together with 12 other people
1982	relationship with Nicole
1982	travel to England/Scotland
1984/85	shares house in Chur, quits using hashish after smoking an average of approx. 30 joints per day; increased alcohol consumption
1985	own residence, starts injecting heroin
1987	3 weeks psychiatric care (to withdraw from heroin)
1988	assistant carer in a disabled people's home on Lake Zurich
1989-90	works in a mathematical centre in Chur; participates in a methadone program, **filterfixen**
1990-93	therapy (Vita Nova)
1993-95	residence with care, employed as a salesperson, attempts to quit heroin
1993	travels to Paris
1994	travels to Tunisia, starts a new relationship

1994/95   actor in a theatre company in Zurich

1995/96   seven weeks hospitalisation to quit heroin, subsequently
           joins Start Again..

3.2.2.3 Sequential analysis of the biography

In 1961, when his father dies (after two years confined to bed), Beat is 4 years old. With regard to his psycho-social development, he is at a critical age. At this point, from a socialisation-theoretical perspective (cf. subsection 3.1.4), he is in the Oedipal crisis that should result in detachment from the mother-child-symbiosis, distinguishing of the father, and the vital formation of the father-mother-child triad.

If one is denied the experience of confronting limitations through the Oedipal crisis, by experiencing the contradictory qualities of intimacy/distance and inclusion/exclusion in daily confrontational processes, and if, at the same time, there is no chance to develop a trusting relationship with the father, problems may well manifest at later stages of development in relation to frustration intolerance, reciprocity, and a narcissism (the result of incomplete detachment from the primary symbiosis with the mother).

Shortly after the death of the father, the next crisis for Beat takes place—hip surgery. He has to go to hospital and when he returns home he finds his father is not there any more. The mother at this time carries a threefold burden—loss of her husband, her eldest son (Beat) is in hospital, and the third child is only 2 years old (Rolf). For Beat, this could pose a traumatic event. He undergoes complicated surgery under general anaesthetic (a threat of death, so to speak); he is torn away from the family; he is bedridden for several weeks; he has to wear a cast; and his mother has so many burdens that she can only pay him limited attention.

It may be at this stage that Beat developed his basic experience of solitude.

A few years later another crisis occurs. In 1968-69 he has to wear a body brace as the result of a back injury. He is 11 or 12 years old, an age when boys are usually roaming the soccer fields. Thus, he becomes an outsider—isolated and probably ridiculed. [Beat once told me, unprompted, in an interview that he had always been derided in school; students would taunt him about his height, calling him „beanstalk," „long-end" or „skeleton." Beat said, „I felt like an invalid (...) I became my own worst enemy—Beat Kaiser is an asshole (.)"] He is denied access to the peer group, which is normally the arena where one detaches from the family and where psycho-social skills such as adoption of different perspectives, reciprocity, and tolerance to frustration are consolidated. In this situation Beat can only develop his intellectual abilities, because he is physically bound, or „fixed."

Case structural hypothesis: *Beat has a very strong intellect, but it is unbalanced by an appropriate measure of emotional support. Similarly, his ability to reciprocate and adopt of different perspectives is not fully developed,* due to the primary symbiosis not being organically resolved through an Oedipal crisis (due to the early death of his father and no adequate substitute father symbol), and also because the further development (or in Beat's case belated development) of these competencies in the confrontation with a peer group in the later latency phase and during puberty were also retarded (due to his back injury).

In the 1970s (at the age of 16) Beat „joins" the hippie movement, thereby becoming a member of a group of outsiders. This is the point when he starts to smoke „joints." Nonetheless, he manages to find employment in a bank, but the finance sector is a field where one has to conform and

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submit. Here, difficulties inevitably arise for Beat, because he has not learned this. Dealing with these types of situations is usually practised in confrontations with the father. The balancing act between hippie and bank employee is unsuccessful. He has to leave the bank and is initially without orientation. He starts on a quest or journey, heading to Amsterdam and then further through Europe and finally to Asia.

Six years as an editor and typesetter follow. He finds a niche, so to speak, in which he can utilise his intellectual abilities. He works essentially by himself, and so there is little need to integrate into a team, and thus no need for reciprocity. At this time he stops smoking hashish and moves into a group household with 12 other people. One might assume that in this environment, at an age of 24 to 26, he could resume his *peer group* training. However, living in a household with 12 others does not require any commitment or reciprocity. There is no need to enter into more intimate social relations. The atmosphere in a household with 12 people is akin to that of a train station.

In 1985 Beat moves into his own flat. Around this time he starts injecting heroin.

In 1987, he tries to give up for the first time. That is, at the age of 30, he enters the medical support stream.

In 1988 he gets a job as an assistant carer. It is an attempt to remove himself from the drug scene in Chur. However, he can hardly be successful working as a carer because it would entail becoming member of a team. Also, working with difficult patients requires an ability to enter into well tuned social relationships in an organised and discerning way—on the one hand, diffuse and personal relationships, and on the other, functional-specific role formatted relationships.

In 1989 he starts working in a mathematical institute. Here, he has found another niche, but does not get along well. He only stays for a few months. At this time he is participating in a methadone program, but consumes heroin as well.

From 1990-92, for two and a half years, he is in a therapeutic program (Vita Nova) run exclusively by former heroin users in different countries in Europe. It is characterised by a totalitarian structure and by the fact that there is no possibility to put down roots anywhere or to establish intimate relationships.

Why did he bear with this for two and a half years? One might suppose that the patriarchal, authoritarian structure gave him the opportunity to try out a variety of different situations of the kind he missed out on during his infantile socialisation. Also, the authoritarian system might have reduced the tension from which he suffers. However, straight after quitting the therapy he fell back into his old habit (see subsection 2.2.6), because the external support, that is, the externally erected boundaries had not been replaced by an internal support structure.

Subsequently, he goes to a foundation for drug addicts, gets a job and undertakes several trips in the company of his girlfriend.

In 1994-95 he joins a theatre company as an actor, discovering yet another niche. Again, however, he is unable to recognise this fact and does not last. Again he falls back into addiction, undergoes therapy once more, and later joins the Start Again treatment program.

Summary

The biography of Beat is marked by several traumatising crises during childhood, which makes it difficult for him to learn to manage limits, to reciprocate and to adopt different perspectives.

His history, from his teenage years onward, are characterised by the motif of the oddball. This motif is also present in the family history, which over generations has been marked by oddballs.

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From the very beginning he is an oddball, in terms of his developmental history (early loss of his father, hip surgery, back brace), his unusually large physical stature, and his distinctive clothing style (as a hippie in the conservative environment of a bank). As soon as he starts to „celebrate" his role as an oddball, he starts to use drugs. One might assume that he can no longer bear the tensions caused by his status as an oddball. In this sense, it is interesting that the drug with which he starts his career as an addict is hashish. Hashish is an ameliorative drug. It helps him, presumably, to tolerate his isolated position, in the sense that he uses hashish as self-administered medication for reduction of tension.

Over the course of time, again and again, he discovers niches in which his intellectual abilities are useable. However, he does not really recognise them as such and never lasts, because these situations make him an „ordinary" functioning person [Beat reveals in a later interview that he does not want to be a „useful idiot" like everyone else], and, in a sense, this would subvert his self-image as an oddball.

To conclude this illustrative representation of genogram and biography analysis, here is another quote taken from an interview I [UMS] conducted with Beat. Towards the end of the interview, he said, without having been asked, in a reflective and affected tone of voice:

„my relationship with my mother was one of love and hate (.)(...) she always said: "I'm always there for you" (...) nonetheless (,) the most intense feelings I get when I think of my childhood (,) are fear of loneliness and of abandonment(.) something that is still an issue today(.)"

We will return to the case of Beat in chapter 8, when we discuss the question of typical procedure in the therapeutic process of Start Again. Some sequences of interviews from different stages of his rehabilitation will be referred to on that occasion for the sake of clarification, particularly those sequences related to „incidents," such as his heroin consumption about halfway through his therapy program.

3.3 Regarding the structure of life practices specifically damaged by addiction

We shall approach the semantic structural specificity of life practices marked by addiction, in two steps. The first step summarises our analytic results of genograms and biographies, in order to shape an image of typically pathological constellations in the familial or primary socialisational milieu. From this image important conclusions can be deduced for the *re- or post-socialisational dimension for the task of addiction rehabilitation.*

In the second step we summarise the structural characteristics of the autonomy that has been specifically damaged by addiction, with particular attention on the determining moments of the contemporary life practice of addicts. We characterise autonomy that has been specifically damaged by addiction in the manner that it becomes revealed in the intuitive awareness of the therapeutic practitioner or in the day-to-day encounters of the therapist. Or, so to speak, in the way that it presents itself to the researcher in the analysis of recent interviews and documents in their daily routine. From all this, we deduce two basic dimensions for the task of addiction rehabilitation. We describe this as *promoting development that leads away from pathologically dichotomous or short-circuited „either-or reasoning, emotions and actions," or a permanent all-or-nothing mentality, and towards a dynamic openness to the future, marked by „as-well-as reasoning, emotions and actions," that is, towards an increased pragmatic autonomy.*

This two-dimensional characterisation of the task of addiction rehabilitation offers us the background necessary to evaluate the therapeutic conceptualisation of Start Again, as well as the connection between the theory and the reality of the therapy practised in this institution.

3.3.1 Addiction-pathogenic constellations in primary diffuse social relations. Post-socialisation vs. re-socialisation

An effective red thread is offered along which the addiction-specific action may be

organised. This is how it shows up in the therapeutic daily routine of Start Again and

it is also how the case reconstructions in this study present it. This thread is offered by the above-described model of the primary socialisational processes, which forms a kind of general contrasting screen that allows individual case structural hypotheses, reconstructed step by step, to be seen more vividly. On the other hand, these structures may be understood better through their genesis.

The results of the case analyses we have conducted and the experiences within Start Again can be summarised in the structural hypothesis *that all important divergences from the model of an ideal socialisational genesis of autonomy (as presented above) present pathogenic constellations that eventually lead to pathological „transferences." Where the individual autonomy is damaged pathologically, conflicts between adults, in both specific or diffuse action contexts, become „leakages for revisiting, repetitive flooding of the unresolved original constellations of primary socialisation."*[18]

From a typological perspective, reconstructions from the biographies of (drug) addicts the following types of pathogenic constellations are seen to occur most frequently:

- *Failure to establish basic feeling of primal trust in the mother-child symbiosis*

- *Symbiotic arrestment due to over caring, over sheltering, or clinging to the mother-child symbiosis, or as the result of the subsequent Oedipal triad failing to activate or not developing properly*

- *Arrestment of the Oedipal triad and, therefore, with the structural logic of diffuse social relations, with a consequent inability to properly designate function-specific or role-formatted social relationships*

- *Violation of the incest taboo in sexual transgressions across generational and gender boundaries*

- *Inability to properly manage the adolescent crisis due to arrestment of the pseudo-commonality or pseudo-animosity of the family.*

Two further types of pathogenic constellations, which occur less frequently are:

- *Traumatising jealousy conflicts or rivalry struggles with siblings or step-siblings*

- *Arrestment of identification with an authoritative or powerful (i.e. a professionally successful) father*

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[18] Cf. OEVERMANN (1998a)

Since they are by far the most important addict-pathogenic constellations during the primary socialisation process, we shall reconstruct serious distortions in the mother-child-symbiosis and during the manifest Oedipal triad.

The two case presentations of Beat Kaiser (see subsection 3.2 above) and Natalie Lang (see the index of chapter A3) provide an example for each of these two types of constellations. In the case of Beat, after a rather weak mother-child symbiosis, due to the multiple obligations of his mother at that time, his subsequent traumatic hospitalisation and the loss of his father at the early stage of the manifest Oedipal triad, resulted in an attachment to the mother-child symbiosis.

In the case of Natalie too (see also subsection 3.3.2 below) we have a mother-child symbiosis that is weakly developed, in this case due to the mother's conflict of loyalty between family and career. The Oedipal triad was introduced superficially in a normal context, but with the exception of the father-child dyad, none of the other two dyads was strongly developed. In addition, that which develops in a naturally evolved Oedipal triad, the dynamic that drives psychosocial development in terms of social relations being inclusive or exclusive—that is, of divided (partialised) exclusivity remained missing.

A third example for the budding of addictive behaviour in a mother-child symbiosis,

which is characterised by insatiable hunger—like „being shown a piece of delicious looking cake only to have it drawn away the moment one wants to enjoy it"—is reconstructed in detail in the framework of an interview analysis with Kurt in section A2.1. In this analysis, we have metaphorically formulated the hypothesis

that the mother-child symbiosis „was bottomless."

In order to make the reconstructed bottomlessness of the mother-child dyad for Kurt

more comprehensible for the reader, we provide two illustrative sequences of an

informative interview with him, selections of which are reproduced and analysed in depth in chapter A2.1. As the first sequence:

K: .../ It is like this (.) all my life I have fallen in a kind of hole without a bottom or («) but I nonetheless held tight (`) .. before I fell further (.)

And some time later in this interview Kurt explicitly relates maternal love with drug use.

K: ... / Or heroin (`) for me has a female aspect (‘) or (‘) (,) somehow or (‘) .. um, I don't know whether you can understand this or (‘) & it is like a relationship (‘)
I: That is, from the sensations it generates (-)
K: Yes (.)
I: Warmth (,) caring (-)
K: Yes (.) well yes (â) like .. a kind of mum who cuddles you (.) one could describe it .. like that (â) and protects you (.) like that (â) or like a motherly love (.) or (.) ..
I: In your subjective experience it is just like that (?)
K: Exactly (.) well like that (,)

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Here, with Kurt, we have the shape of an unfulfilled mother-child symbiosis, which entails an urge for compensation of motherly love. This is where heroin fills the gap, so to speak, and produces brief moments of symbiotic illusions.

Against the backdrop of all these examples, *addiction can not be seen as an easily repairable substance addiction, but has to be understood as a basal distortion.*

In view of this, a frequently observed phenomenon becomes readily understandable—the fact that for many people who have somehow freed themselves from a substance addiction without any work on the roots of their „addictedness" (see section 7.3), their addiction simply erupts in another place, that is, the symptom simply travels on, from heroin to money to sex to techno. or whatever.

Furthermore, it becomes clearer that a severe distortion can hardly be erased completely in a therapeutic context. In view of this, it is necessary to be realistic and to accept the fact that such a life carries a basal scar, since a missed mother-child symbiosis can not be re-created in its fullness. *A realistic therapeutic objective is therefore to create a framework in which surrogate experiences occur in order to at least partially develop a stable sense of security against disappointment—that is, to develop some increase in autonomy.*

Building on these surrogate experiences, an addict can then attempt—and for many this step is crucial to whether the addiction can be healed—to confront the sadness that inevitably arises on becoming aware that this severe distortion, this severe lack, has characterised one's life profoundly.

To conclude, we remind ourselves of the fundamental conception about life practice elaborated in subsection 2.2.2, according to which the conflict between the need to make decisions and the need for self-justification is constitutive. To comprehend this, the entire psychosocial development of the human being or the autonomisation and individuation of a life practice can be expressed basically in a twofold manner. On the one hand, it is a successive departure from externally defined (heteronymous) but (at the same time) decision-easing normalisations and framework provisions; on the other hand, in parallel to the above process, there is a progressive struggle to explain oneself and a growing burden of responsibility. In the context of a (post-) modern age we are reminded of a fact stressed by BROSE and HILDENBRAND (1988: 23):

> „Decreasing obligation to orientation and stability of identity designs in the context of increasing pressure to continuously perform orientations in the service of self-assurance of one's own place and of one's own self presentation make high demands on the individual's self-regulation ability. One may see in this a high potential for autonomy of the individual, but also the danger of permanent overload due to the requirements of reflection."

At this stage, we may add the **general thesis** that *addiction, according to individual resources, is in one shape or another always associated with this danger of permanent overload—that is, the overload is either manifest, or an alleged attempt is made to escape it. In other words, in addiction, an attempt is made to briefly suspend or to briefly escape (escapism) the tension arising from the conflict between the need for decision and the need for justification.*

SCHOLZ (1992: 58pp) reconstructs this general dimension of addiction—this general *moment of escapism, or escape from reality*—clearly by referring to an interview. In addition he has determined its dialectical complement, the particularity of addiction, by underlining the fact that drug addiction has a dimension of being immediately life threatening—that the danger of death, unlike with other kinds of addiction, is always implicit. (See also the discussion in subsection 3.3.3.)

Note: The case of Natalie Lang provides a clear example of this frequently observed phenomenon. In this context drug addiction may „sprout" as a secondary effect of a basic addictive behaviour that can take different objects, such as „relationships," money, achievements, gambling, etc.

Summary: Implications for addiction rehabilitation

From the perspective of addiction rehabilitation, we can generally conclude that every successful step moving outside of defined normalizations that is accompanied with the adoption of sufficient responsibility, entails the development of affective, cognitive and social skills (competencies). These competencies must be utilised as resources in the **re-socialisational process**. An inversion is present, whereby a certain step of departure has not been successfully realised or the appropriate responsibility has not been effected leading to the belated processing of obstacles like familial ties and individually traumatising experiences, all in the framework of a **post-socialisational, systemic-psychotherapeutic process**.

The example comparison of the case reconstructions of Beat Kaiser (in section 3.2 above) and of Natalie Lang (in detail in chapter A3) in the following subsection, is intended to show that **insights** *from the post- and re-socialisational treatment efforts in the practical context of addiction therapy have to be determined on a case-specific basis and applied with different levels of emphasis.*

3.3.2 Illustrative comparison of the case reconstructions of Beat Kaiser and Natalie Lang

We lay no claim in the following details to typological completeness. The two cases have been chosen on the basis that they provide a defined contrast on the therapeutic dimension axis of post- or re-socialisation. Further, the two cases stimulate reflection on the category of broken-home backgrounds (lacking mother, lacking father, or lacking parents), which is frequently encountered in the context of drug addiction.

3.3.2.1   Parental families

While both of the families of the parents of Beat are characterised by similarities, the parents of Natalie descend from two highly contrasting milieus.

The generation of Beat's grandparents

We may recall that Beat's parents, to a certain extent, shared a common history before they knew each another. The paternal grandparents (Kaiser) migrated to Switzerland shortly before World War 1 for work reasons (grandfather Kaiser was a cobbler). However, neither they nor their children manage to integrate well (especially Beat's father)—they remain foreigners and therefore outsiders. Beat's maternal grandmother (Maier) is a seamstress. She carries two stigmas—for her wooden leg and for her illegitimate daughter (Beat's mother). Both the paternal and maternal sides of Beat's family have a basically traditional orientation. However, the father's side is marked by disintegration and the mother's side by stigmatisation.

The generation of Natalie's grandparents

Natalie's grandparents on both sides have some points in common. They are both new arrivals to their places of residence, and they have a similar economic status. However, in terms of culture and attitudes to life practice, we notice big differences. On the paternal side (Lang), we have a civil service milieu. The grandfather is a train conductor, working in a setting characterised by the opportunity for promotion and achievement and marked by a social conformity and orderliness. In this milieu, life is organised in its own way, with the principle ethos being to live in harmony with the organising forces, namely, the national Swiss Rail (SBB) company. This is in striking contrast to the maternal side (Gomez), a self-contained household whose head works as an attorney, where success and possibilities are limited only by personal initiative. Grandfather Gomez is a classic, self-employed professional (attorney) with the habitus for decision-making and assuming responsibility. Yet, on account of his Spanish, dandyish nature, the familiy milieu is marked by a latent disorganisation.

3.3.2.2 Parental relations - the formative milieus of Beat and Natalie

In comparing both the two paternal or two maternal sides of the Kaiser-Maier and Lang-Gomez families, we find a stark contrast. While the Kaiser-Maier parental couple roughly correlate to the frequently referred to category of „overprotective mother and absent father (here due to early death),[19] " in the Gomez-Lang parents, we find a more intellectual environs and a double-career marriage that is almost the inverse of the traditional role situation. The father provides stability inside the home, and is possessed of a composed manner. Also, due perhaps to his childhood experience (recovering from a severe, potentially lethal childhood illness), he is emotionally more accessible to the children than the mother, who is active outside the home (as a musician) and emotionally less available to the children, due to a loyalty conflict between her maternal role and career.

The family milieu of Beat is a socially marginalized, mother-centred survival unit, marked by a chain of traumatising experiences on all generational levels. Natalie's family is an interior-centred, petit-bourgeois milieu, which mediates a semblance of normality to the outside,[20] and where emotionality and excessively privatised notions are turned away from the family.

The Kaiser-Maier parents

The father marries late (a little over 40 years of age) and dies early, at 50 years of age. With his wife (14 years younger) he shares the experience of being an outsider (he as a child of a migrant family; she was an illegitimate child) as well as traumatising war experiences (both served in World War 2 on the German side). The curriculum vitae of Beat's mother, from nurse to nanny to mother and housewife, allows her to turn her disposition for caring away from the outside world and inside to the family. After the death of the father, everything revolves around the mother, with her strongly developed attachment and caring abilities.

The Lang-Gomez parents

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[19] See also the various contributions of SCHALTENBRAND (ed.) *Family oriented drug work: reports of a practice* (1992) and especially the article therein on M. SPILLER "Regarding the family origins of drug addicts," p.9-20.

[20] The first impression of the family Lang-Gomez is that they provide an example for the frequently repeated „proverb" (stemming from the Caritative Care Foundation) that somehow "from very normal families come very normal addicts," as quoted according to Spiller (1992: 19). The position of Start Again is that case specificity is central, in the sense that development of a comprehension of the specific genesis of complications and their respective structure is more important than subsumption of a case into a general category, so that in the course of therapy the potential for autonomy latent in the damage may be opened up.

Here we have a couple that is confronted from both sides by the spectre of rejection, since both the husband's and wife's families disapprove of their child's choice of marriage partner. The couples are therefore under a strong individuation pressure, which they manage intellectually, but only intellectually. The charismatic personality components and the excesses each of them displays outside and inside the family indicate that the couple has a lukewarm and unfulfilling relationship. Their emotional life is lived out through the children, and so we have a family that attaches to and functionalises the children for emotional support.

This constellation evolves out of the early years of the marriage, before the parental phase, when quite independently of each other the two pursue their careers. The situation is intensified by the fact that the wife reaches a higher professional status than the husband. In addition, it seems that no clear familial value system exists. While the father holds by values in the context of his job as a teacher and community counsel (orderliness and conformity), the mother adheres to a different value system, in line with her artistic and urbane orientation (creativity and individuality).

3.3.2.3 Remarks about the individual biographies of Beat and Natalie

Beat
A father image is largely missing in Beat because the father dies early on and the mother can not compensate for the loss due to the lack of a strong father figure in her own life. In addition, two attempts to bring a surrogate (step) father into the home fail (hence there is no successful symbolisation of the father). Nobody is around to set limits. The mother cannot do due to the fact that she grew up unwanted, and so in order to legitimise herself, she grew up trying hard to please everybody, resulting in her characteristic disposition for caring. Thus, on the one hand, Beat grows up in a „limitless" environment, while on the other, his mother attaches him to her firmly by her caring nature—especially so, given he is her eldest son. The biography of Beat is characterised by several traumatising crises during infancy. When his father dies, he is 4 years old, and shortly thereafter he is hospitalised for 4 months for major surgery. At this time, the mother carries a number of heavy burdens (in addition, her third child is only 2 years old) and therefore has little attention to spare for Beat. A basic feeling of loneliness evolves in Beat. Then, at the age of 11 or 12, he develops a complex due to having to wear a back brace after injuring his back.

Case structures: Although Beat is intellectually very strong, his intellect is not balanced by sufficient emotional strength, and therefore it tends to become channelled into fierce cynicism. In addition, his ability to reciprocate and adopt diverse perspectives is largely undeveloped, due to the fact that his primary symbiosis was not naturally dissolved by an Oedipal crisis (early death of the father and no adequate symbolisation of the father) and his failure to develop confrontation skills through peer group experience during the late latency phase and puberty (back damage).

Since his teenage years, the biography of Beat is characterised by the motif of the oddball (as much through his history as through his appearance). This motif is symptomatic of the history of his family, which for generations has been regarded as being foreigners and outsiders. At the age of about 18, when he starts to „celebrate" his role as an outsider, Beat starts using drugs. One might assume that he does this because he can no longer endure the tensions resulting from his self-perceived oddness—drug consumption in the sense of self-administered medication for the purpose of relieving tension.

Over the course of time, again and again, he finds professional niches where he can utilise his intellectual abilities. However, he does not recognise these as such (Beat does not have a trade),

since this would lead him to becoming an „ordinary" functional man, a perception that would subvert his self-image as odd ball, so to speak.

From a therapeutic perspective, informed by a psychotherapeutic processing of the early loss of his father and his other traumatising childhood experiences, we can propose the following: Through a post-socialisational processing of the failed dissolution of the primary symbiosis and the resulting love-hate-relationship with the mother, and through a mediation of the structural dynamics of the Oedipal triad with its unstable flow between social inclusion and exclusion, it is possible that by practising a structural logic of functional-specific social relations, a solid basis could be built upon which Beat's intellectuality could grow and where stable employment options (even at the age of 40) might be taken up—maybe even an apprenticeship could be organised.

In section 8.2 we will deal in detail with the actual therapeutic process of Beat during his stay at Start Again.

Natalie

In the highly determinate family milieu of Natalie, a relatively rich variety of life designs exists and an accordingly rich spectrum of resources—from the industrious, efficient young woman, to the conforming and orderly woman, to the creative young woman.

However, in her family, Natalie is subjected to dual and contradictory expectations and pressures—orderliness and conformity vs. creativity and individuality. As a horticulturalist, she meets these expectations to a certain level for a time. But then, she renounces the concept of promotion, which is the family theme. As an attempt to detach herself from her family, she actively starts on a downward trajectory. She starts taking drugs and becomes a butcher's assistant. However this leads to an unexpected result. Her parents, probably driven by the feeling that they had neglected their daughter, increasingly turn towards her, thus making it more difficult for Natalie to break away from the family. We have here, the problem of a prolonged adolescence and excessive attachment to the family.

Our case reconstruction for Natalie reveals a marked inability to design diffuse social relations outside the family, which translates into a kind of „relationship addiction," in the wake of which she drifts into the consumption of drugs and various extreme experiences. Two socialisational events have clearly contributed to this inability. Firstly, there is a weak mother-child symbiosis, due to the maternal loyalty conflict mentioned earlier. This has the effect of a (primary) narcissism entirely in the sense of MERLEAU-PONTY—a non-separation of self from the other; an incessant searching of self in the other and of the other in the self. It is evident that with two affectively neutral, intellectually oriented parents, Natalie was not able to properly grasp the polarity between masculine and feminine and thus she has difficulty enduring the tensions between the sexes.

From a therapeutic viewpoint, the problem revolves around the ability to develop diffuse attachments outside the family and around the integration of the excessive in daily life. This can be seen in the framework of a failure in the adolescence crisis—namely, detachment from the family. Now, post-socialisational therapeutic processes are required to promote development of diffuse attachment abilities in the area of specific social relations. In this work, Natalie can make use of her relatively rich resources, especially with regard to professional re-socialisation.

In section 8.2 we will analyse actual examples from the therapeutic process of Natalie's residence with Start Again.

3.3.3 Structural model of life practices specifically damaged by addiction and the implications for drug rehabilitation

After having introduced the genesis of addiction in a larger socialisational reflective frame, in this subsection we turn towards the structural specificity of life practices actually damaged by addiction. Here, we summarise the significance of the most notable structural „moments" reconstructed from records (such as protocols and transcripts) of daily encounters, of shared labor and interviews etc. with clients. These moments also serve to highlight the daily challenges and problems faced by a therapist in an addiction treatment context.

In the following thesis, we shall preface the details in this subsection with the core of our **structural model of life practices specifically damaged by addiction**. From a structural perspective, *„life practices specifically damaged by addiction" are generally marked by polarities, complementarities or contradictions that characterise life practices or are constitutive for them, in the sense that they are either dichotomously split into two irreconcilable extremes, or conversely, that they are short-circuited and thus not sufficiently differentiated in life practices. Either the middle ground is missing and there is no mediation between binary opposite extremes, or there are complementary types of behaviour that are insufficiently differentiated in terms of their function in practical behaviour. We therefore have the pathological development of a dichotomous split and short-circuiting „either-or thought, feeling and action," or, a permanent „all-or-nothing"[21] mentality.*

The following elaboration serves to emphasise this structural thesis and encompass the fundamental „architecture" of life practices specifically damaged by addiction. The features of the problematic designation of the opposing dualities discussed below evidently vary from case to case, and accordingly have to be approached case-specifically.

- **Short-circuiting of the conflict between the needs for decision and justification**

Towards the end of subsection 3.3.1, we formulated the thesis that addiction can generally be seen as an attempt to briefly relieve or to escape (escapism) a feeling of unbearable tension arising due to a conflict between the need for decision and the need for justification. The fact that this strategy only gives a temporary relief and is thus a vain attempt to solve the problem becomes clear when we realise that the conflict between the need to make decisions and the need to make justifications inevitably constitutes life practice. SCHOLZ (1992: 58pp) has juxtaposed the generalised escapist dimension of addiction with a particular feature of drug addiction, which in contrast to other kinds of addiction has an immediately lethal dimension in that it presents a permanent threat of death.[22]

In the following passage, taken from an interview with Kurt, the start of which we have presented and discussed in detail in section A2.1, we discover an example of the basic short-circuiting char-

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[21] Compare here also MERLEAU-PONTY (1994: 305pp.), where he elaborates on the terminological distinctions between ambivalence and ambiguity, which he adopted from Melanie KLEIN, noting some differences between being aware and not being aware, or being aware that one has two incongruent images of one and the same situation.

[22] In the case of Start Again, a total of 174 clients in the period of the study entered and left the program (some completing, some not). At least 11 of these have died of drug-related causes. Two persons died during therapy at Start Again. (See subsection 9.1.3.)

acteristic of addictive behaviour, in which addictive action becomes the rationalisation for addictive action. In addition, the passage shows the latent life-threatening dimension of this kind of action.

K: /... I always knew that the end (,) the end of it [of drug consumption] is total collapse (.) I have read that (,) only I always assumed that I would be able to do it better surely or (.) I am not addicted or (.) .. (speaks quietly) after all I was not addicted in the first six years (,) that I was using + but then .. that's when the body kind of broke down and then everything changed (,) or (-) was strange

I: But you were able to experience a high (,) even at that time (?)

K: Hmm (-) personally I (k) don't look it that way or (.) ... because such a high & the stuff is to me (-) .. it was like pure survival later (.) the highs (,) the first three, four, five times or wow it must be beautiful or it was unrealistic and I knew this or (') because you always expect the initial kick (-) or (') in

I: Yes

K: Generally (,) taking drugs or (-) (,) which I haven't done however (laughs while talking) for a long time (.) + I just simply kept alive by taking heroin (,) that's how I would say it (.) that's the only thing

I: You said that it was a kind of medication (?)

K: Exactly (,) that is the only way which I had to survive (.) because I was always trying to die or (') but not really or (,) I simply surrendered at a certain point or (-) (,) because I found it all bullshit or (') ... and really searched for it or (') .. out of a feeling of guilt and heaven knows what not or (') (,) it's not really important or (') (,) and heroin just like kept me alive or (.) it was just normal then that I used it or (') yes (.) I wasn't able to exist without it or (') (pause)

I: That's a kind of weird description if one ... if

K: I don't know whether it's weird

I: Well (-) .. you probably knew as well that .. that .. it was a progressive suicide (-)

K: I think I did know (k) that I knew quite clearly

I: (contemplative) Well somehow you tried to kill yourself but despite that you wanted to stay alive .. although staying alive was just a gradual suicide (...)

K: Yes, yes (-) .. well if you want to put it like that (k) like (pause) that I don't understand it naturally (.) or (â) /... [here the sequence from subsection 3.3.1 referring to the notion of heroin and symbiotic illusion ends]

Commentary: By saying „I always knew that (...) the end of it is total collapse" (line 545-546), Kurt expresses a view of his addiction in terms of a substance dependency which latently has death as its final point. He also confirms this objectified view of addiction by saying „after all I was not addicted in the first six years (,) that I was using." That is, as long as he could apparently control the affair and maintain his self-illusion he was not addicted in his own view. The comment „but then that's when the body kind of broke down and then everything changed" (line 550) signals a split between conscious control and the reality manifesting at the physical bodily level—a split between consciousness and body.

With the follow up of „it was like pure survival later" (line 555pp), he refers to his consequent physical collapse, so that the drug use no longer revolved around expansion of consciousness or euphoria, but only avoiding the horror of withdrawal symptoms. He needs the drug (heroin) just to endure life. Here we have the paradox that while he knows that the drug leads to physical collapse, he nonetheless takes it, because it subjectively permits his survival. The illusion of extraordinary pleasure or high gives way to the illusion that functions to conceal his physically damaged condition. This remaining illusion is tragic in that there is no longer any positive element left in it. Here we have an objective expression of the huge self-deception of drug taking.

If it has always been difficult to face reality and to deal with the unpleasant and even if the drug consumption initially presents an attempt to escape this difficulty, it nonetheless leads eventually

to even greater difficulty in facing reality, because the real becomes more and more painful. *Drug use becomes the cause for further drug use. The paradox of drug addiction is that the „panacea" (heroin) ought to ameliorate that which it causes, namely physical damage.*

In lines 545-562, Kurt provides a model of a drug addict's trajectory, which we would like to summarise here briefly. The model paradigmatically describes the stations along the route from short-circuiting the needs for decision and rationalisation in the context of drug consumption.

Phase 1: the experience of a few (three to five) highs and the development of an illusory hope or yearning that the initial kick can be felt again;

Phase 2: a plateau phase (with Kurt, six years), where he believes that he is not addicted; his body is still compliant and he assumes to have his life under control;

Phase 3: physical collapse, withdrawal symptoms, drug use becomes a subjective survival strategy.

Interestingly, the remark „the highs (,) the first three, four, five times or wow it must be beautiful or it was unrealistic," which Kurt makes from his present perspective as a participant of Start Again, logically amounts to an admission that the addiction existed from the very beginning. Thereby, Kurt suggests a much broader conception of addiction than that of mere substance dependency—one involving attitudes towards self and reality, instead.

In lines 565-573 we find a confirmation of what has opened up to this point. Here, Kurt almost obsessively highlights the paradoxical nature of addiction but reveals no desire to resolve it. The confrontational attitude towards this paradox in lines 574-584 and its significance will be discussed in chapter 8, when we consider typical therapeutic processes used in Start Again.

Remark: the dichotomous view of dependency as physical/bodily and mental/psychic is inadequate according to Start Again's conception of addiction. According to the Start Again perspective, splitting up the phenomena of drug addiction by describing it in terms of tolerance and withdrawal resulting from a continuous integration of a substance into the cellular metabolism at the physical level, and on an obsessive and insatiable desire ("tearing") on the psychic level, fails to recognise the fundamental „psycho-somatic" or „mind-matter" dialectic of desire and sensations, which in addition to the biographical dimension of the addiction genesis, determines the addiction. (See also section 7.3.)

- **The problematic connections between crisis and routine, life and death**

Inseparably bound up with the life practice determined by the contradiction between the need for decision and the need for rationalisation is the connection between crisis and routine, the basic terminological polarity introduced in subsection 2.2.2. From the biographies and other materials on Start Again clients, we have reconstructed a reference on the life practical features of the tense relationship between crisis and routine, which is frequently due to a simple lack of basal hope.

On the one hand, we have the qualities of courage, readiness to take risks, and the will to innovate; on the other hand we have an excess of functionalistic pessimism, hesitation and caution, a basic fear of the unknown, and clinging to traditions. Excessive standards for success and achievement within individuals or their environments do not permit a natural failure.

Let us return to the above passage from the interview with Kurt. In the lines 565-573, we have the obsessive circularity of the comment „and heroin just like kept me alive." From this we can draw a twofold conclusion: (1) During his addiction, Kurt was unable to afford a sufficient measure of the „**structural optimism**" required for a successful life practice. Here, we take structural optimism to mean a basic attitude of openness to the future, which in situations where decisions

are required or in a manifest crisis, translates as the view that „in case of doubt, everything will be alright"; and (2) In a situation where there is a chronic lack of structural optimism, it is inevitable that consciously or unconsciously a desire for death evolves as the only solution. This points to a major feature of the structure of drug addiction—that the desire to live can only arise in close proximity to death, that is, in proximity to the greatest crisis in a life practice. Battegay (1993: 99) has described this pattern well as the search for the „afterlife in the here and now."

- **Apparent autonomy in the tension between autonomy and heteronomy**

In subsection 2.2.6 we introduced the terms of autonomy and heteronomy. In the context of the Sartrean question quoted there: „What does one make out of the circumstances that have made one?" Here we define the actions of drug addicted people as frequently characterised by an **apparent autonomy**. Apparent autonomy means that in a given situation where the appropriate actions are determined externally or basically defined, a person decides and acts autonomously in relation to his/her subjective self-conceptualisation.

As one of many examples of apparent autonomy we can refer to the sequential analysis of a letter of application, sent to Start Again by a prospective client (Johanna), conducted on the occasion of this study and also found in STUDER (1995).

The text quoted below is from the end of a letter written from prison by Johanna. Throughout the letter she sways between airs of helplessness and grandiosity. She includes the following instructions to Start Again:

> „ .. / for the new presentation interview time [for Johanna at Start Again]
> please contact Ms. Walter at social services of the justice committee. /..."

While objectively, Johanna is dependent on external help (from Start Again for example) to improve her situation (to take up therapy in lieu of a prison sentence), with the decision on her future resting clearly in the hands of the justice system, she nonetheless speaks in the voice of a self-confident and autonomously acting woman. Objectively, one would expect her to write something like: „I would greatly appreciate it your further interest in my application. Please contact Ms. Walter at social services if your require further information." However, her words and tone insinuate that Start Again has nothing else to do than care for her.

Evidently, it is only legitimate to speak of an apparent autonomy as a case structural feature if this action pattern can be reconstructed in multiple ways, which in her case is definitely true.

A second example of a pathological substitution of autonomy and heteronomy is provided by an excerpt from an interview I conducted with Beat Kaiser. From a reflective distance, Beat becomes aware in this passage of how he relapsed into drug use after „staying clean" in a treatment centre (Vita Nova) for two and a half years. (See subsection 3.2.2.2.)[23]

> B(eat): .../ Yes I was just staying [at Vita Nova] somewhere & I put myself under pressure & I said to myself (..) what am I going to do now (..) now you have two possible problems or (') either you

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[23] According to information from Beat, Vita Nova is an offshoot of Le Patriarche, a program managed in a totalitarian fashion exclusively by former addicts. During participation in this program participants are conducted, without an apparent logic—"the object is not to get attached anywhere under any circumstances (Beat)"—to different locations around Europe to work in "hermetically sealed camps."

choose the bigger one and get back to drugs or you stay and tolerate the smaller one or & and that is what I did & that was what held me back there .. until I & until it could not be resisted any longer or (')

I: Hmm

B: Yes and after two and a half years of being clean (,) a half an hour later in Geneva [where he returned to in Switzerland] I was in the alleys and bought something for 50 bucks or.. (inhaling) I still know now somewhere what well some well it was totally stupid thinking (,)

I: (...)

B: But it went along the lines of I said to myself well now I get out of here and get smashed or (,) serves you right (,) you and your shit therapy can stick it up your ass & you know somehow like well (â) (,) stupidly I felt like getting back at them & or & you know like (..) like when (k) as if I had gotten back at them & (self-ironically) as if I had gotten an edge on them like (') + or & somehow a feeling .. um .. you pigs or well now I'll show you or and um ..

(laughs)

I: Mhm

B: Totally idiotic or (')/...

Commentary: In lines 322 and 323 Beat thinks of himself as an autonomously acting subject; „I was ..., I put....“ In line 324 he describes his interior monologue, the decision crisis in which he is under pressure: „now you have two possible problems.“ Apparently, he actively chooses the unchooseable: „either you choose the bigger one and get back to drugs“ (lines 324,325). In other words, the desire or the craving got so big that he could no longer resist it. Yet, he presents himself as someone who passively tolerates or endures actions that he himself is choosing and performing, as in „or you stay and tolerate the smaller one“ (line 325). By saying „and that is what I did“ in line 326 he alludes to his acceptance of responsibility but immediately recoils from this with the words „that was what held me back there.“ The second attempt to present himself as an autonomous subject, in „until I“ (line 327), results in the substitution of the passive subject „it“ for „I“: „until it could not be resisted any longer.“

Lines 329-331 support the image of an apparently active choice of the unchooseable, of that which actually happens to him (his relapse), and in lines 331 & 332 we find the same relinquishment of responsibility as in the I-it substitution, with „it was totally stupid thinking“ instead of „I was thinking very stupidly.“

Damaged autonomy is expressed here in a double paradox: *in a heteronymous (predetermined) context, Beat behaves like an autonomously acting subject while in the context of autonomy he allows himself to be a passive object.*

Lines 334-343 support the above interpretation. What is interesting here is that Beat intellectually comprehends the situation clearly. This fits with our assumption of his intellectuality in the analysis of his *curriculum vitae.*

- **Gap between sensations or emotions and reason**

In close connection to the above notions regarding drug users is a problematic lack of integration between perception, experience, emotions, effects, and emotional immediacy, on the one hand, and reason, cognition, and intellectual mediation on the other.

Referring to the close connection between emotions and reason and decision-making, a Start Again client writes in a reflective report:

„ .. / I know that when one makes a decision, one has to renounce. But, do I really want to do that? After all, what is waiting out there, if I really make a decision? /...“

A few lines later she continues:

„ .. / What always amazes me is my rationality, it is ingenious. But, as for my feelings .. yuck! If only my rationality and my feelings were good friends, it would help me to make a decision. / ...“

Erne (1996: 8) speaks of drug use as being a protection against experience for drug addicts, who „are helplessly subjected to the motions of effects.“ He refers to an observation that we can confirm in multiple instances, namely, that a large proportion of drug addicts show a symptomatic trait of „peculiar, emotional indifference to experiences which arouse anger or sadness.“

We provide an example below from the opening sequence of the interview with Beat, which we already quoted in part above. Beat reports here of a potentially lethal infection he suffers from. He wants the condition treated through special medical treatment.

B: [a detailing of his infection and its treatment options precedes] ... / simply the chances of cure are relatively small (,) namely 20 to 25%... (contemplative) there it is useful + and therefore I'll try it simply or (').. I suppose that It will help me or (')

I: Hmm

B: I just know that I have it or & and .. and um .. regardless of where & where I got so sick and totally physically smashed (-) ... well six years ago to be precise .. since then I have never had anything and /... [following this is a detailing of his examination and hospitalisation experiences in relation to his infection]

Commentary: While Beat can very easily detail facts and treatment options in relation to his infection (in lines 10-12 a small section is reproduced), he expresses a peculiar emotional indifference where he confronts, hypothetically, for a brief moment the possibility of a treatment failure, that is, he is confronted with death: „and if it doesn't work, then it'll just be bad luck & but I don't worry about that“ (line 13,14). A more exact analysis shows that this indifference is merely on the level of content, of verbal flow. On the level of intonation, however, emotion shows through. For a moment his voice breaks up: „well .. (inhaling deeply) it's also difficult (k) well.“ Then, after I briefly intervene, Beat regains his composure in line 19 & 20: „I just know that I have it or & and .. and um .. regardless of where & where I got so sick andÉ“ He then concludes in a coherent, assured and flowing manner, as he soberly and with detachment details further intricacies of the diagnosis and the possible treatment of his infection.

The observation that Beat hypothetically approaches an emotional crisis and that on the level of content denies the crisis with cynical or deprecatory remarks while on the level of verbal flow becomes incoherent, is encountered several times in the interview. We have thus devised a description of this as „intellectual after-burn during a latent emotional or affective crisis.“

Given the information from the above-detailed genogram and analysis of Beat's biography (see section 3.2), this style of speaking becomes clear in the context of his biographical genesis. Above we formulated a case structural hypothesis that Beat is characterised by intellectuality, though of a kind that is unbalanced due to a lack of emotional support. This seems to be confirmed here.

A modern neuro-psychological perspective on this subject of the close connection of emotions, sensations and rationality or generally cognitive processes is discussed in detail in section 7.3 and chapter A7.

- **Problems adopting perspectives and the I-other separation, narcissism**

In the case example of Natalie Lang (see subsection 3.3.2 and chapter A3) we have devised a typical case structural event (moment) for addicts. Natalie has an incessant and pressing urge to center herself in order to adopt the perspective of others. However, she fails in this, sliding time after time back into her own perspective.

In our reconstruction, we have validated that Natalie always re-centres on herself, because she does not have (primal) trust (the result of a failed mother-child-symbiosis), so that even when she focuses on others she continues to remain self-centred.

In the sense of MERLEAU-PONTY (1994:178), we have a person who is stuck in a „state of non-separation between non-self and self."

The characteristic structure of a (primary) narcissism or egocentricity is not one of a subject caught in a solitary self loop, but rather one of a subject that has no borders between itself and others—incessantly searching for itself in the other and for the other in itself.

In this context, drug use signifies an attempt to create a „space" of we/us, a feeling of community, by obliterating professional and day-to-day Ego-perspective and solitude.

- **Complementarity of omnipotence and impotence, of oppressor and victim perspectives, of self-interest and communal utility**

This point is closely connected to the preceding one. As an introduction, we recall the socialisational function of the early mother-child-symbiosis. On the child's part, this is characterised by an immediate and intense desire, by a „wish for a pure state" (MERLEAU-PONTY, 1994: 353). The child is completely helpless in the mother's absence, feeling impotent if it does not receive what it expects. Conversely, if it's desires or wishes are satisfied, it derives a feeling of omnipotence.

If this primary socialisational process fails or is insufficiently developed, a pathogenic constellation occurs, which will later make attempts to compensate for this lack through the mechanism of reliving experiences. A swaying between the emotional poles of impotence, helplessness and inferiority on the one hand, and those of grandeur and omnipotence on the other, is frequently observed in addicts. (See the case examples of Johanna in STUDER (1995).)

An expression often heard from drug addicts in the context of addiction treatment is, „we are grown ups after all." This is contradictory to much of the behaviour characteristic of drug addicts, which can be objectively described as infantile, self-absorbed and irresponsible.

In addition, if the experiential momentum of an incomplete mother-child-symbiosis during the early socialisational genesis of autonomy coincides with a problematic or unsuccessful dissolution of the tension in the relationship between being a child and adult in the adolescent crisis, then a marked split occurs in the oppositional dualities of oppressor and victim or, in more neu-

tral terms, in the opposing perspectives of the agent of action and recipient of action. In such cases, the component of active management and the awareness of the consequences of this action for oneself and others disappears behind exaggerated perceptions such as, „I am the victim of unfortunate circumstances,“ and „it's not my fault, others are to blame.“ Or, in the words of a certain Start Again client, the subject hides behind the cover of the „poor bastard-syndrome.“ We can see elements of this syndrome in certain examples in the case studies of Natalie Lang and Beat Kaiser.

The essential problem of ultimate thematic importance is that of managing the tense relationship between two opposing and fundamentally irreconcilable rationales for action: the pursuit of self-interest on the one hand, and the contribution to communal benefit and solidarity with others.[24]

- **Diffuse/persona vs. specific/role-formatted social relations**

The concept of opposing structural types of diffuse and functional-specific social relations was introduced in subsection 3.1.2. A general observation and experience from therapeutic work in addiction therapy is that drug addicts habitually subvert diffusely formatted roles and, conversely, recoil from diffuse social relations by behaving as if they were role formatted.

This inversion of fixed points in social relations is one of the many reasons that successfully treating drug addicts is extraordinarily difficult, because, in this way, drug addicts tend to extend their addiction into the therapy in two ways. For one, they have a tendency to subvert the role-formatted dimension of therapeutic working agreements (distance between client and therapist) due to the fact that the working relationship is interpreted as one of dependency. The other is that the diffuse dimension of the working agreement (empathy, intimacy and trust between client and therapist) is rejected, in that those working to provide the treatment are seen as „experts“ and thus kept at a distance. In reference to this, SCHOLZ has coined the expression „addicts are experts in making others experts.“

Regarding the evolution or stabilisation of this characteristic of addicts to invert the fixed points of social relations KAMPE and KUNZ (1983: 30) have made an interesting claim, based on linguistic analysis of the particular speech (the argot) of the drug scene:

> „The social rule systems of the drug scene are marked by an affective regulation pertaining to the acts of drug consumption and acquisition. This affective regulation is the primary object of social interactions and is continuously reproduced verbally as part of social interactions. Through this, a direct connection to the affective-emotional experiencing of role-play in the drug scene is established.

> This accords (...) with a substitution of the fixed points for orientation in the affective-emotional behaviour of drug addicts. Affective reactions and emotional evaluations are connected to the formal interactive organization of drug acquisition, whereas in elemental interpersonal interactions an affective neutrality is crucial to survival (e.g. acquiring money by means of prostitution).“

The problem of discerning between diffuse and specific social relations in a given situation is closely connected with the problematic realisation of the Ego-other separation exemplified by Natalie Lang. With regard to diffusion in particular, we can conclude that when intimacy-distance

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[24] Also cf. OEVERMANN (1997:16)

regulation is inadequate and there is mediation between the opposite polarities of masculine and feminine, no relationship between two equal and autonomous individuals is possible.

In contrast, with regard to specificity, we can say that a solid designation of individuality and personal identity is necessary if a life practice is not to fail or break apart in the pressures of conforming to the contradictory norms, role expectations, and obligations of society.

Friendly intimacy, care

reaches for me

a tender touch

within me all pulls tight

threatened inner worlds ·

wish to remain solitary

to break all bridges

to withdraw into isolation

„just leave me alone all of you!"

The illusion of security here

nameless, deep-rooted madness

to believe; that I can survive all by

myself

Yves SOUTTER (1998: Mood Painting 49)

- **The tension between rebellion and conformity, extraordinary and ordinary**

In the case presentation of Natalie Lang, we have an impressive example of how rebellion, extraordinariness and excess on the one hand, and conformity and orderliness on the other, rest side by side divided by a chasm on the familial and individual level. We have taken up integration of the excesses in the daily routine as a basic theme of therapy.

A further paradox we find with addicts is the tension between rebellion and conformity—the desire to be different („different to all the useful idiots" as Beat puts it) coexisting with a longing for civil order and normality (longing for a harmonious relationship, beautiful apartment, etc.). These opposites are juxtaposed without any mediation.

The paradox is especially intense if the opposition to or rebellion against society and its values and norms is coupled with an assertive claim that one should be supported by this very same society. For instance, one assumes that one should be financially supported by the communal welfare system, even after renouncing the pursuit of a stable income.

In the life practice of drug addicts, a sufficient degree of mediation between the extraordinary and ordinary is usually resisted by two factors: firstly, a desire for

instant gratification, an attitude of „everything now and preferably for free," and secondly, an inability to tolerate frustration, or „to accept reality as it is."

- **Place of origin and the tension between past and future**

In particular with those addicts for whom migration constitutes a central biographical feature, we find gaps of irritation and pain in their values, norms and identity, which are symptomatic of the gap between their place of origin (or that of their parents) and their present place of residence.

In the case example of Beat Kaiser, this constellation leads to an individual response of „celebrating" his role as the oddball. Whether oddball or simply an outsider or foreigner, both positions embody a tension that must eventually be ventilated, and channelled. In both cases, the center of practice is situated, so to speak, in a limbo somewhere between the place of origin and the future.

On the level of an individual life practice, the relationship between past and future is determined by the degree of acceptance or coherent integration into the entity of one's own life practice of all the experiences and marks occurring from the first moment of the psycho-social genesis of autonomy up until the present. As always, the central question is that which we have already articulated in reference to Sartre: „What does the individual make out of that which circumstances have made out of him?"

Two basic concluding observations

1st **Observation**: If we investigate the genesis of problematic polarities, complementarities and contradictions in the cases of drug addicts, according to their family and personal histories, a basic observation always recurs: *Too much of the good and too little of the good frequently lead to the same result.*

If a child does not experience sufficient care, support, tenderness etc. in a certain socialisational phase, then he/she tends to repeat this phase, or in the case of a severe traumatisation, even get stuck in it. In contrast, if a child experiences all these in excess and is never required to renounce anything—for example, to learn that satisfaction is not instantaneous and must be waited for, and that all things comes to an end—then in later phases he/she will not be able to manage many of the inevitable situations presented by life, and will try in vain to retreat to an earlier phase of development, making incessant demands on others in seeking completion of infantile experiences.

In both instances, the result is a lack tolerance for frustration and a lack of optimism about one's ability to manage life.[25]

2nd **Observation**: In order to avoid any possible misunderstanding, it should be stressed here that although repeated references have been made to pathogenic constellations in the primary socialisational process, particularly in infancy, this should not be taken to imply that a life practice will necessarily be dysfunctional. The life practice of a person is not absolutely and irreversibly determined through infantile socialisation. Rather this process represents a point of departure in a long chain of integrative experiences and their constructions and reconstructions in the biography of the person up to the present. On the other hand, a person is comprehensible in his/her entirety

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[25] Also cf. MERLEAU-PONTY (1994: 351ff.)

if we understand the life practice from his/her particular history, which has childhood as its beginning.

Contributing to the formation of problematic polarities, complementarities and contradictions, is a diverse range of structural seeds and forces of influence, ranging from those on the individual, personal and familial level, to the general socio-cultural and societal level.

Summary: implications for addiction rehabilitation

The above discussion provides a second thematic thread for the work of addiction rehabilitation: In addition to the re- and post-socialisational trajectory taken up as a theme in subsection 3.3.1, therapeutic action in the context of addiction rehabilitation can be conceptualised as an *aid to moving away from a pathogenically dichotomous or short-circuiting „either-or type of conceptualisation, feeling and action" or a constant „all-or-nothing" mentality, and towards a dynamic and open-minded „as-well-as type of conceptualisation, feeling and action"—that is, towards a greater autonomy in life practice.*

In this context, it is also useful to try and understand the opposition and subversive strategies employed by addicts against therapeutic working relationships, not as a conflict between two persons (therapist and client), but as a conflict in two dichotomous personality components of the client. Accordingly, the task of rehabilitating addicts is to work with this intra-personal conflict, to acknowledge both of the opposing elements of the split, and then to „work through" the split and the socialisational causes of it.

3.3.4   Remarks on a psychoanalytic terminology of addiction

To conclude this chapter we wish to make a few remarks about the psychoanalytic terminology often employed in the context of addiction and its diagnosis and psychotherapy.

These terms—even if they are not always successful in capturing the meaning of the structural specificity of addiction—are being used more and more in recent times (at Start Again also), notably in the context of drug addicts seeking to qualify for disability status for the purpose becoming eligible for financial welfare benefits (see section 5.2), because these established terms relating to psychoanalytic theoretical constructs are now widely used in general medical usage.

In agreement with our observation that in the context of addiction problems, the

most important pathogenic constellations are located in the socialisation during the mother-child symbiosis and in the manifest Oedipal triad, psychoanalytic theories make use of categories describing various types of distortions liable to occur during the first six years of life. Essentially, depending on the emphasis on distortion, four types of personality structure[26] and two types of ego distortions[27] are differentiated. The above-mentioned structural characteristics of specific addiction-damaged life practices appear partially in the characteristics of the four different per-

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[26] The term of personality structure defines the experiential and behavioural manners that have developed out of the confluence of predispositions and environmental factors. (See STUDT (1995: 170).)

In the case of the individual this term presents the psychoanalytic equivalent to the objective-hermeneutical term of case structure.

[27] In a psychoanalytic perspective, the ego has the task of regulating instinctive needs in accordance to the demands of the super-ego (conscience of the personality) and of reality.

sonality structures. For addiction, we therefore have a mixed structure, where the different structure types merge to different degrees.

From a psychoanalytic perspective, severe distortions in the first year of life (in our model of socialisation during the early mother-child symbiosis; see diagram 3.1.4-1) lead to a schizoid or depressive personality structure or to a narcissistic Ego-distortion.

Developmental distortions in the second or third year of life (late mother-child symbiosis and detachment from it; see diagram 3.1.4-1) may lead to an obsessive personality structure or a borderline personality.

Distortions in the fourth or fifth year (in the phase of the manifest Oedipal triad; see diagram 3.1.4-1) are associated with a hysterical personality structure.[28]

- **Schizoid personality structure**

This refers to independent, detached, cool individualists or loners who avoid feelings and intimacy as the result of a great distrust (lack of primal trust). Their social relations sway between impertinent directness and sudden withdrawal; experiences of conflict provoke a fear of commitment and lead to a disposition to ego-segregation; emotions of interior emptiness and senselessness predominate. Psychosomatic symptoms associated with this type include eczema and bronchial asthma. Evolutionary structural points of emphasis: early oral phase (early mother-child symbiosis).

- **Depressive personality structure**

This refers to people who are passive, overly conformist and hence insufficiently independent, meek, subordinate and hence little expansive, and characterised by feelings of low self-esteem and strong urges for dependency in intimate object relations (in our terminology: to intimate diffuse social relations). Their experience is strongly determined by a fear of losing love or intimates. Psychosomatic symptoms include throat and stomach lining infections (angina and gastritis), as well as food disorders like anorexia nervosa and bulimia. Evolutionary structural points of emphasis: early oral phase (early mother-child symbiosis).

- **Obsessive personality structure**

This refers to people who are controlling, pedantic and economically minded. They appear hesitant due to an ambivalence or doubt that makes it difficult for them to make active decisions. They have a fear of mortality and of commitment, which they fight against by a strong focus on self-preservation, security, and conservative attitudes. In their social relations they are not very emotionally open though often committed, but they frequently vacillate between egoism and subordination. Psychosomatic symptoms include problems in the lower intestines (e.g. irritable colon), functional muscle and joint disorders, headaches, migraines, angina pectoris, high blood pressure and impotence. Evolutionary structural points of emphasis: anal phase (late mother-child symbiosis and detachment therefrom).

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[28] In the characterisation of the different personality structures and ego-disorders we follow the details of STUDT (1995: 173pp.).

- **Hysteric personality structure**

The behaviour of hysteric personalities is spontaneous, actively unplanned or arbitrary, and marked by mood swings and the need to feel self-important. Out of a basic fear of the final and inevitable they tend towards an illusory liberty, a freedom from all limitations and are thus afraid of permanent connections. They are easily offended. Psychosomatic symptoms include psychogenic paralysis and seizures and somatic fear symptoms such as heart racing, perspiration and breathlessness. Evolutionary structural points of emphasis: phallic phase (phase of the manifest Oedipal triad).

- **Narcissistic personality structure**

Narcissistic personalities stem from a lack of self-confidence and are very easily offended. They sway constantly between deep feelings of inferiority and delusions of grandeur and are permanently seeking affirmation and adoration. They have a tendency to look to see their own „grandself" in the other and to experience this as a part of the self, and this idealised personality serves the narcissism as long as a disappointment results in the sudden cessation of contact. They have little ability to empathise, are suspicious of dependency, and often behave egoistically and exploitatively. Evolutionary structural points of emphasis: first year of life (mother-child symbiosis); the infantile self-image of the omnipotence fantasy is not developmentally differentiated and remains as a pathological grand-self.

- **Borderline personality**

Borderline-personalities lie somewhere near the „borderline" between neurosis (acquired psychic disorders without evident cerebral or genetic basis/cause) and psychosis (in „exogenic" cases with a clear organic basis; in „endogenic" cases having a possible organic basis but also with psychic and social causation). They suffer perception and identity disorders, which means that in emotionally charged situations they can have great difficulty differentiating between fantasy and reality and between self and other. The cause of this ego-disorder has to be seen as insufficient differentiation of the self-image and the object image (image of the other) in the second or third year of life—„good" and „bad" aspects of the two images remain side by side but disconnected. Borderline personalities experience the self as a constant to and fro from „bad" to „good"; social relations are split into good and bad. Associated mental conditions and character traits: fear, phobias, depression, hypochondria and addiction.

A2 Research Interview Example and Appendix to Methodology

A2.1 Example passages from an idiolectic research interview - "cool *impression management* and tender experience of reciprocity"

A2.1.1 Pragmatic framework of the interview

The following two related passages originated in an interview I conducted on the occasion of a series of conversations with approx. a dozen clients of *Start Again* on the subject of personal experiences in relation to *Anapana-sati* and *Vipassana* practice, both inside and outside of the institution (that is, externally conducted *Vipassana* courses).

The conversation with Kurt Eggenschwiler (a pseudonym adopted for the client) took place after one of the monthly, day-long *Anapana* seminars at the institution, in which participation is compulsory for clients (see section 5.1).

The interview was conducted by me, inside a locked common room of the *Start Again* facility in Maennedorf. Apart from myself, a female practitioner, who was known to Kurt, was also present. She recorded the minutes of the observatory protocol. The length of the interview was agreed in advance to be approximately half an hour, although, since no other interview was scheduled thereafter, the time frame was potentially open. In fact, the interview was to last an hour and a half (to the surprise of all participants). With the exception of a brief informal chat a few weeks prior to this occasion, this was the first comprehensive interview with Kurt. The interview was conducted in the Swiss-German language.

Prior to the conversation, I explained to Kurt that he did not have to respond to questions he considered too personal, and after the interview I asked clearly for his permission to utilise the interview freely for research purposes, promising to protect his privacy.

The interviewee, Kurt Eggenschwiler (K), was an approx. 30-year old Swiss, who had in the course of many years consumed large amounts of heroin and cocaine, and who had spent over one year in prison as the result of various criminal offences. At the time of the interview, Kurt was at the beginning of stage II of the *Start Again* therapeutic program, which he had entered under a "therapy in lieu of incarceration" order. Kurt had been with *Start Again* for just over three months at the time of the interview.

A2.1.2 The opening passage of the interview

The following transcription (translated from German) reproduces the first 6 minutes and 15 seconds of the interview. The transcription protocol used, developed by KALLMEYER and SCHUETZE (1976), is detailed in subsection 2.1.2.3.

1	I:	Um (,) the first question .. I would like to ask (') is (,) um (-) to establish a frame (,) um (,)
2		how many days of Anapana have you done now (?)
3	K:	Pff
4	I:	(...) (,) Just roughly, half days and full days (.) (coughs; he has a cold)
5	K:	Well, over in One [phase I of the therapeutic program] I reckon I did .. two half days (')
6		and a full day (') and also I went on the course [external Vipassana course] probably (,)
7		this is how I view it .. once a month is a course or (') two half days and a full one ... and
8		there (') [phase II of the therapeutic program) (,) two full days (.) and then there was the
9		third [the anapana day held the day before] ...
10	I:	Yes, more or less (-)
11	K:	(...)
12	I:	And a 10-day course (?)
13	K:	A 10-day (,) yes (.)
14	I:	OK (,) that's it for now (.) (...) um (,) in reviewing (-) One [phase I] (,), you have been intro-
15		duced to anapana ... in the morning and evening you sit [practice meditation] (...)
16		(,) how has it progressed (?) what changes have occurred over time (?) how do you feel
17		about it now (?)
18	K:	Pff (contemplative, strong exhalation) I knew that it was something good, because I had
19		previously tried ways of meditation, myself (.) but I didn't know about Anapana or (') um,
20		maybe in a kind of way or (') that was the initializer for me to join Start Again (,) the vege-
21		tarian food and .. the meditation .. in the beginning (,) what effect did it have on me (?) .. in
22		the beginning everything upset me or (') .. where I saw the senselessness (brief laughter)
23		that helped calmed me down in the beginning or (') and I just noticed oops (') that this is
24		something good or (?)
25	I:	It has calmed you (?)
26	K:	In the beginning (,) that was the only thing it did to me or (') let's say in the initial two or
27		three weeks or (')
28	I:	Hmm (,) what happened then (?) (pause)
29	K:	Well (') I don't know either...(contemplative) good question (,) + thanks to it I have been
30		able to accept humans (,) which I hadn't been able to do before (') (,) or had not wanted (.)
31	I:	How did it enable this (?)
32	K:	That I don't know (.)
33	I:	That simple (k) suddenly you noticed (') hmm (,) it works
34	K:	Hmm (,) it happened with Manu [a fellow patient], evidently (') or (.)
35	I:	As a person (?)
36	K:	As a person (.) he was the initiator (k) he offered me his hand and I was able to accept it
37	I:	Yes
38	K:	Anybody else I would have refused (.) ... except for Paolo [also a fellow patient] (,) with
39		whom I would also offer or accept a handshake (.) that depends on mutuality or (') (pause)
40		and there I realised for the first time that there can be something agreeable or (') in ac-
41		cepting help also (') that has been good for me or (') ... yes and I have continued to medi-
42		tate because I .. wanted to observe myself in the process or (') (,) I have taken on the task

43	(') as I sat down (') to meditate for a year because I had read this or (') because I am pur-
44	suing a certain aim or (') (,) simply five 10-day courses (') (,) and I wish to sit a 20-day
45	course or (') .. well (,) in the meantime (') .. I view it as affording more time or (') (,) be-
46	cause I am a pleasure-seeking person (') or (') (,) I intended to remain a little longer with
47	Start Again (') or (') because I have (aspirates, brief laughter) a 2-year sentence (,) that is
48	alright (.) I could stay until the last year or simply (k) except if you were to kick me out (')
49	that would be something different of course and then I would leave or (')
50	I: Maybe you would leave voluntarily (,) if Rainer [a participant in phase II, about whom Kurt
51	has complained loudly] is upsetting you so much (-)
52	K: I am talking of II (') (,) I know exactly what I will do in III (') I already know exactly here (') &
53	and I am doing exactly what I want or (') ... certainly within this framework (') or (.) but um I
54	have no um (,) elaborate plans (') but smaller plans (,) for myself .. that I would really like
55	to see, but here they are still stunted or (.) .. that is terribly important or (.) to finally do
56	something for myself (.) I have learned a lot
57	I: Well, do you mean in terms of meditation (?) or (?)
58	K: That belongs (k) is also (k) that is the basis for it all (.) do I see or (') (.) it is also work for
59	me because I don't find it agreeable to sit every day or (') well the sitting itself is (') but
60	what arises or (') except there I can simply bear it (') (,) it affects other things during the
61	course of the day (.) & that is clear, of course or (.) but I regard the meditation as the most
62	basic thing (-) (pause) not (') at the moment (') I view it like that (.) that's how I want to view
63	it (.) as an experiment I want to try on myself (,) simply or (.) I have committed to (') medi-
64	tating for a year or (') (coughs) and I am going to do this (') it is important to me (') (,) I
65	have earned this time (') I can spend this time (') and Goenka did say on the 10-day
66	course (,) (in slightly triumphant intonation) I like it very much (') that is my argument or (')
67	+ (coughs) that it was not egotistical or (') to simply sit or (') (,) when one needs the time,
68	one has to simply take it (.) I can relate to that very well (laughs) or + .. that can be inter-
69	preted as one wishes to (') or (')
70	I: Good
71	K: I have meditated or (.) ... and that Anapana day prior to the 10-day course (') I really got
72	into that or (')
73	I: What do you mean um (-) got into (?)
74	K: That means I noticed oops (') ... that is .. well I had noticed earlier that there is more calm
75	(,) because some stuff comes to you (') or some stuff is happening or (') but it is ... emo-
76	tionally (.) .. it (k) um (,) I think of myself .. (k) I think (k) I can take myself a little better due
77	to the meditation (.)
78	I: Take a little better (?) (briefly) yes (-) +
79	K: Accept take (,) take or (')
80	I: (briefly) Yes (.) +
81	K: Yes (') that is already pleasant (') or (.) after all I am my biggest enemy (,) simply (,) think
82	(.)
83	I: Hmm
84	K: Good (.) /... [At this point there is a switch, indicating the beginning of a new segment of
85	the interview.]

A2.1.3 Text analysis remarks regarding the opening passage

Without elaborating here on our[1] complete sequential analysis of the text, we would like to provide a summary of the salient structural features of the text. The most important of these will aid the reconstruction of the basic hypotheses regarding the case structure of Kurt, in an illustrative manner. (We should point out that the language style of this subsection is not theoretical-linguistic, but that of the immediate, mutual evaluation of data. These slightly edited excerpts of the protocol of the interview were chosen in order to provide the reader a direct view of the data we work with.)

The first question (line 1 and 2) explicitly sets the pragmatic framework of the research interview. In general, this indicates that the interviewee has nothing to gain by the interview—he/she merely volunteers. However, since the interview takes place inside an institution, it is part of the prescribed treatment and the usual distinct asymmetry between interviewer and interviewee in the context of a socially scientific research interview is reduced, in that there are potential gains for the interview partners. For this reason, I did not feel the need to apply any aggression to the interviewee.

After an initial "letting off steam" ("pff" in line 3) Kurt responds (lines 5-10) to the question of the interviewer in a very non-committal manner. He talks of himself as if he were a third person and by this distancing gives the impression that he will not invest much commitment to the notions he expresses.

With "yes, more or less" (line 11), the interviewer pushes the continuity and with "OK" (line 15) the following passage is announced. The interviewer asks three questions: "how has it progressed (?)," which he immediately qualifies with "what changes have occurred over time (?)." Also, by asking "what changes have occurred over time (?)," he is trying to motivate Kurt to expand freely in his answering, so to speak, rather than respond in a straight analytical-rational way. Here, the interviewer is transformed into the interview-guide.

After a second "letting off steam" ("pff" in line 19) Kurt does not respond to the question but depicts (line 19, 20) the propitious circumstances under which he started meditation in *START AGAIN*. Doing this he unconsciously diminishes the effectiveness of the treatment. With the complete answer (line 19-23), especially with "that was the initialiser for me to join Start Again," Kurt presents himself as somebody attempting to assume control of his situation. Premise for hypothesis: *It is not the treatment that is affecting him. Rather, he sees himself as the agent of everything. Given his background of being in prison and then basically being ordered by the court to Start Again, we have the tendency of denial/pseudo-control, or apparent autonomy, while at the same time, he treats the relationship as a kind of commercial arrangement as in "I ordered, you deliver." Therefore the threat of a rejection of the working agreement hovers in the background: The client, in fact, never commissioned a therapy from the institution.*

By saying "what effect did it have upon me (?)" (line 23, 24) Kurt clearly assumes control of the interview. He then assumes a pontificating tone, as in the central expression "in the beginning everything upset me or (') .. where I saw the senselessness (brief laughter) ..." The laughter confirms that he realises that he is expressing a fair amount of aggression against the institution, since we have to assume his use of "senselessness" is referring to the treatment in *Start Again,* according to a detailed analysis of the sequence.

He finally determines his viewpoint with this expression related to meditation, "that helped calm me down in the beginning or (') ..." (line 25,26), in that he regards those components of the *Start*

[1] This refers to the joint analytical session with Ulrich OEVERMANN, Start Again personnel and myself (UMS); see OEVERMANN (1998a)

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Again treatment not concerned with meditation as useless. Premise for hypothesis: *Kurt exploits the central component of addiction-related therapy in Start Again (meditation, i.e. the practice of Anapana-sati and Vipassana) in order to subvert the therapeutic working agreement.* We would not expect such a subtle, subversive strategy (as a meditator Kurt feels that, after all, he is not really a participant in the therapy of Start Again) to be employed by a person who had entered the program voluntarily, since the inherent contradiction would be too immense.

From a therapeutic perspective, there are signs that it is going to be very difficult to commit Kurt to a structured obligation. By saying, "that was the only thing it did to me" (line 29) he underlines his "instrumentalization" of the meditation practice.

Following the brief question of the interviewer, "what happened then (?)" (line 31),

Kurt remains silent for a while. Later he commences his response (line 33) with the

ambiguous "I don't know either" and an ironically twisting "good question"—in the sense that, if we were to follow up on this question, a new chasm would open up to the exclusion of unexpected new issues.

In three steps (lines 33-35), 1) "thanks to it I have been able to accept humans," 2) "which I hadn't been able to do before (')" and 3) "or had not wanted (.)," Kurt turns away from his former *"impression management"* and expresses that he now feels that he is able to understand other people better and even feel a certain bond with others ("to accept humans"), which contrasted with his earlier state, which must have been one of great isolation. In other words, more has happened to him than he pretends, and that which has happened he diminishes.

In line 39, Kurt goes into specifics about that which in line 34 had sounded ill-defined and generalised ("to accept humans"), in that he names a particular treatment client, Manu. Conjuring up an almost priestly image (line 41,42), Kurt says, "he offered me his hand and I was able to accept it," thereby emphasising the whole movement even more. Central point of hypothesis: *Trust foundations are laid here. Kurt, as a member of Start Again, experiences a basic kind of sociability.*

From the perspective of a resource-oriented therapy, it is important to recognise that a crust is starting to break and something very tender (a "tender movement resource") is appearing. In lines 45 and 46 he extends this experience of trust development further, by naming another client, Paolo, "with whom I would also offer or accept a handshake." It is remarkable that Kurt, by saying "offer or accept" almost provides a structural formula for reciprocity, which he is clearly aware of. Evidence for this is the following, from line 46: "that is based on mutuality or (')." Finally, it is also noteworthy that the "productive paradoxes" or "productive *double binds*,[2]" like those of "offering and accepting" or that maxim central to meditation, "the path is the goal," can only be dissolved through practical life procedures, which can lead to autonomy. The condition for the realisation of such a dissolution is a sufficient measure of self-trust (faith) and of confidence, so that in case of doubt, one can believe that everything will be alright.[3]

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[2] BATESON (19966: 353ff.)

[3] Here we refer to OEVERMANN (1998a) who detailed the following in this context: "The paradox of the maxim "the path is the goal" lies in the fact that as soon as one has a goal, of whatever kind, one has to walk on a path, since a path is by definition a means to arrive at a goal. By saying that "the path is the goal," this fact is denied. That is, while the path is the means to the goal, by making it the goal itself, it is denied as the means to achieving the goal. This paradox or contradiction can only be resolved successfully if one walks on the path regardless and thereby realises that the paths are means in the sense of prescribed patterns, but that one cannot expect to reach goals external to oneself—one needs to search for goals without assuming to have any pre-existing knowledge of them. One only discovers goals when one has started on the path of the search. The paradox is resolved in a pragmatic context, in what could be termed an executive sense—"one has to start leading a life without expectations of, dependencies on, or preconceptions of a goal; only then can an appropriate goal be found. This is precisely the

Let us now, with this background knowledge, read how Kurt continues after a lengthy reflective break. He says (line 46-48) "and there I realised for the **first time** that there can be something agreeable or (') .. in accepting help also (') that has been good for me or (')." This begs the question of where this inability to experience reciprocity originates?

Hypothesis: *Kurt has not known the experience of unconditional trust development in a functioning mother-child-symbiosis* (cf. subsection 3.1.4).

At this stage we may reflect whether it is possible that addictive behaviour is rooted in the mother-child-symbiosis, signified by an insatiable hunger—like the sense of "being shown a piece of delicious looking cake only to have it drawn away the moment one wants to enjoy it" (OEVERMANN, 1998a)—that later becomes self-evident. After all, one can never be satisfied, since, whatever one gets falls into a bottomless pit and can never be stored. That is, one can never be satiated due to the basic fact that everything we experience disappears.

Returning to the above hypothesis, metaphorically, we could postulate that *"the mother-child symbiosis in the case of Kurt was bottomless."* With this backdrop (which is shaping up as the central hypothesis here, evidenced by a broad variety of material in Kurt's case), *the addiction can not be regarded merely as an easily solved dependency on a drug, but rather, it has to be comprehended as a basal distortion* (cf. section 3.3). Also, the tender experience of basal reliance which Kurt mentions in this passage of the interview, and its stabilisation, is unquestionably extraordinarily constitutive for the following therapeutic process. The next revealing element that can be detected by detailed sequential analysis of the text (lines 49-57) is the connection or overlapping of the revelation of the above-reconstructed self-healing or autonomy potential and the repeated relapses of the addict. Finally, he returns to his habitual *"cool impression management"* with the ironic remarks "because I have (aspirates, brief laughter) a 2-year sentence (,)," and (lines 59,60), "except if you were to kick me out (') that would be something different of course and then I would leave or (')." The revelation is again foreclosed, since such a revelation undoubtedly presents itself as a great endeavour.

From a therapeutic-conceptual perspective, here we have a very fine example of what the dialectic formula of **"damaged autonomy"** (see subsection 2.2.6) attempts to grasp, namely the coexistence—not yet realised in this case—of damage to the individual autonomy (here as the basal distortion of addiction), and of the damage to specific potentials of autonomy (here the tender resource of mutuality, or reciprocity).

Following Kurt's return to cool self-portrayal, the interviewer inserts (lines 61-63) a provocation by referring to an occasion shortly prior to the interview by saying "maybe you would leave voluntarily."

Kurt swiftly integrates this provocative distortion (line 64), in reference to his projections of his time in phase III, in order to present himself once again as problematic in relation to a working agreement (as above), that is, as a person in control—"and I'm doing exactly what I want or (') .. certainly within this framework (') or (.)."

On the one hand he is projecting a cool image (line 67), with "but um I have no um (,) elaborate plans (') but smaller plans." On the other hand he is presenting himself as being full of initiative, saying "that is terribly important to me or (.) to finally do something for myself (.) I have learned a lot."

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formula for autonomy. In this sense, "**productive paradoxes**" will result in autonomy as opposed to "logical paradoxes." However, one can only achieve this with sufficient self-confidence, or in older language (of the non-secular eras), with sufficient faith. That is, only when one has access to a source of charisma that lends certainty to the resolution of a crisis, in the sense that when doubt arises reassurance is available. (See also footnote 42 in chapter 2.)

Even if this initiative and the evident making of plans can be seen as positive signs, we have to ask whether Kurt is veering dangerously towards overestimating himself, since, as we have seen, he is still oscillating between the poles of autonomy and damage.

Note: This pendulum motion between poles which we have reconstructed here is characteristic of the entire interview—in particular it spans the entire last sequence of the above-reproduced opening passage (lines 71-104)—and signifies something we referred to as **structural transformation** in subsection 2.2.6.

Since we have found the same phenomenon, if in different forms, in many different texts produced and analysed in the course of treating Start Again clients, we have formulated a central hypothesis concerning the effectual basis of Start Again: *The milieu of Start Again is characterised by an atmosphere of transformation.*

Regarding the reproduced sequence of the starting passage (lines 71-104) and its contrast with the above-discussed segment, we want to make the following concluding remarks concerning the meditation. Consider the words "I regard the meditation as the most basis thing," and the earlier "that is also work for me because I don't find it agreeable to sit everyday or (') well the sitting itself is (') but what arises or (') except there I can simply bear it (') (,) it effects other things during the course of the day (.)." These words reinforce the impression we have gotten thus far, that Kurt is not merely talking about the meditation in abstract or emotional terms, but that he views the effects of the meditation—that is the reciprocity he felt— as central. He only refers to how agreeable it is as a secondary issue. We can assume, therefore, that Kurt has indeed been able to employ the meditation as a tool for reform (in his case the practice of *Anapana-sati* and *Vipassana*) in order to experience something definitely real—reciprocity. Herein lies the practical gain in life quality that is brought about by meditation. The question from here is whether he will be able to stabilise his gain and develop it further.[4]

A2.1.4 A passage from the final part of the interview

The following passage, 3 minutes and 45 seconds in length, is taken from near the end of the interview, approx. 70 minutes into the interview. We will reproduce it here without an in-depth analysis, since we have chosen it for the purpose of illustrating interviewing techniques. The question in lines 1103-1110 is intended to provide an example of the interrogative format that we termed *intervention of the cognitive and/or affective densification* in subsection 2.1.2.2.

Originating from intuition and, to some extent, a parallel analysis-decoded understanding of the case during the interview, in this question, we (as the interviewers) have attempted to establish a connection between Kurt's vast *coolness* and occasional urges for control (his "extraordinary determination," line 1105) with his fear of a relapse (expressed in lines 1095-1101), or in other words, his substantial latent insecurity and ungroundedness (cf. subsection A2.1.3).

Even if the interpretation from the perspective of this text segment in case structural terms contrasts minimally with the hypotheses of the earlier passage, certainly, the strong changes in

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[4] Regarding the case history of Kurt, we would like to add that Kurt discontinued therapy approx. six months after this interview. He disappeared from the therapy environment without further contact. Two remarks in connection to this: It has been shown that one factor for his inability to continue was a failure to integrate him in a productive and structured agreement (in the shape of a therapeutic working agreement) in phase III—a fact which is not surprising given the text of the interview transcripts quoted above. Given Kurt's failure to complete therapy, we find evidence in the present textual examples for the fact that *in case reconstructive perspective it is inappropriate to regard a cessation of therapy as total non-success.* Here, the concept of "**rehabilitative career**" appears appropriate, since the individual rehabilitation process may have many different phases.

speech tempo, volume and intonation reveal a whole new quality of emotional expression, in which a totally different degree of subjectively recognised representations of individual themes is expressed.

1075	K:	.../ hang on (') (...) I have quite an understanding or (,) of your bureaucracy and concerns
1076		responsibilities (,) because I don't want your jobs, for heaven's sake (,) not for free, not for
1077		a million bucks per month or (-) no no (negating) I don't need or (,) ... (...) I am here as a
1078		client (,) (...) ... in the beginning I came and thought you would have to agree with every-
1079		thing (laughing) that I wanted or + (,) but in the meantime I have changed a little or (')
1080	I:	Then it is going well (.) (clears throat)
1081	K:	No, that's not right, I'm .. not going that well.
1082	I:	No (,) it is going well.
1083	K:	It is going (?)
1084	I:	Not you are going (,) after all it benefits Start Again as well (,) (...)
1085	K:	No, I am not doing it for Start Again & I am mainly doing it for myself or (') (,) otherwise I
1086		would have to get upset (') for something I shouldn't get upset about (.) .. that is your job to
1087		get upset (.) (brief laughter) (quietly) but in spite of this it probably makes me (...) + I just
1088		know that Start Again is good (steadily quieting) for my (...) +
1089	I:	(very quiet) (......) +
1090	K:	(quiet) Well I would also hope that (,) that is why this experiment [to attend a 10-day
1091		Vipassana course over Christmas time] is so important and I (-) + .. (contemplative, quiet)
1092		Christmas (,) is just a difficult period for me or (.) and I am protecting myself through it,
1093		certainly (.) ... that is + .. (very quiet) that is now (,) that sounds like (.....) or (,) but I don't
1094		mean it like that (,) + (quietly) I am hoping that I can hang out at least until the next course
1095		or (') and after the course I would have so much to do for three weeks anyway, that I won't
1096		have any time to (smiles) (tip over?) + .. I believe anyway or (.) ..well I've gotten over it
1097		before (,) and I hope to be a little more in control of myself (-) +
1098	I:	. Kurt (,) um (,) maybe this is too personal (,) but now I have this idea (.) is there any con-
1099		nection between this extraordinary (,) um (-) determination (,) that you show (I coughs) ex-
1100		cuse me (,) um (-) (,) and this fear
1101	K:	(serious and determined) Definitely +
1102	I:	(quietly) From where then (,) is it that you always like .. to (,) live on the edge (?) +
1103	K:	(with contemplative, calm voice) Yes (,) I have been living on the edge for years or (-) ..
1104		that has stopped me from (-) +
1105	I:	Like going over it (.)
1106	K:	(quiet and contemplative) That's how it is (.) +
1107	I:	(quietly) Since your childhood days (already ?) +
1108	K:	Yes (,) definitely (.)
1109	I:	(quietly) That must be an enormous pressure (...) (?) +
1110	K:	(very quietly) Yes, definitely +
1111		*I and K very quietly exchange two sentences about the emotional aspects of this situation but*
1112		*these are unintelligible on tape.*
1113	K:	(very quietly and slowly) That's about right, yes (,) that's right (-) + ... (quietly) I am living
1114		with a permanent fear of myself (,) + because nobody else can really frighten me much (.)
1115		well, a human is no threat to me, that's what a human is (.) with a human one has respect
1116		(-) (,) but one doesn't need to have fear of anybody (.) I got rid of that long ago or (-)
1117	I:	Well (,) like only you could tip yourself over the edge

1118	K:	Yes, exactly
1119	I:	If one wanted to put it that way
1120	K:	That's right (.) if I did not want to (,) then others might push or (,) but I would stay fixed (.)
1121		/...

A2.2 Summary notes on the basic conditions of the case study on START AGAIN

Basic Conditions

In relation to the accessibility of the object of this case study (*START AGAIN*) the following may be said: Firstly it should be pointed out that integration into a group of drug addicts or former addicts, or at least the development of a solid contact within the framework of a research-oriented participatory observation, is generally difficult and rarely established. Addicts (or ex-addicts) very rapidly ignore the fact that only a short bridge of social distance spans the separation between them, as the objects of research, and the researchers. What SCHOLZ (1992: 37) has formulated is valid, that: "The experiences of social aporia are not those of most scientists because they have access, in fact, to social and cognitive alternatives that remain closed to almost all addicts in the heroin scene due to nearly insurmountable obstacles. Even if one attempts to relinquish this privileged social position, the problem of educative privilege and advanced experience by way of access options to social positions held in high regard, still remains as a fact that tends to create distance."

This problem is commonly overcome by aid of one of two research strategies: Either an attempt is made to bridge the distance via cordiality and intimacy, or in-depth interviews are conducted on a professional basis, with a simultaneous renunciation of participatory observation.

In this case study of Start Again I did not [UMS] have to employ any of these

problematic solutions in exchanges with the clients as study manager and researcher. The management, which had an open and positive attitude towards research, introduced me carefully into the therapeutic and administrative teams as well as the client setting. In the course of time I became, so to speak, an "established fixture" in the institution in the eyes of the staff and clients of Start Again. Here I would like to emphasise that the careful introduction of myself into the teams of staff and the transparency resulting from this have been a determining feature of this study, since in the framework of a comprehensive study of an institution, the professional conduct of the personnel must also come under scrutiny. In respect of this, care must be taken to allay any suspicions of indirect control by management or undeservedly positive performance evaluations in its favour.

In retrospect I can say that I was given unbridled freedom to organise interviews within the institution with anybody. A **basic observation** that repeatedly occurred in interviews with clients as well as staff was the following: *The clearer the outline of an interview and the more unthreatening the "topic" of the interview appeared, the more eager, more immediate and less filtered the personal opinions and experiences that were related and imparted.*

Further, I would like to state that all clients with whom I requested interviews agreed without hesitation to have the research interviews recorded for the purpose of study, as well as to allow me access to their dossiers (that is therapeutic documentation in their "client files," curriculum vitae, personal letters, legal documents, etc.). In all cases I assured *complete protection of clients' identities and privacy* if excerpts from interviews or data were to be utilised in future cases.

During my case study of Start Again I participated along with clients and team workers in the following activities:

* Daily meditation and meditation days held in the institution
* Therapeutic group sessions in different phases
* "Therapeutic" planning group sessions
* Presentations on addiction
* Narcotics Anonymous workshops, lasting several days, in the institution
* Iyengar Yoga workshops
* Case discussions (with and without clients)
* Internal festivities and parties
* Family conversations (via video recordings)

Similarly free and welcoming was the access I was allowed to different parts of the institution managed by the therapeutic, social work and administrative teams. Whenever I wanted, I was granted access to sessions and activities, and any requests to record these for study purposes were met favourably, excepting a very few and well justified exceptions.

Some of the staff-related activities I participated in were:

* Management and team sessions
* Retreats and complete team supervisions
* Concept development-and budget sessions
* Training or advisory sessions conducted by experts, not pertaining to the institution, in the areas of therapy, organisational development and finance
* "Crisis sessions" as a result of special therapeutic or internal circumstances
  (e.g. the occasion of a client's suicide or during an extremely difficult financial crisis)
* Internal educational units

I encountered no taboo areas in any of my efforts to investigate matters pertaining to rehabilitation or administrative work at Start Again. On the contrary, I found myself surprised, again and again, at the marked liberty I was given for my study.

A further important area of participatory observation relating to the Start Again study—or, rather "observational participation" in this case—was the privileged access I was given by the *community of Vipassana meditators* (see subsection 2.1.1). I was granted participation in a *Satipatthana Sutta* meditation course despite not yet fulfilling the usual requirements for admission to such a course. In this type of course offered in the *Vipassana* tradition, the practical system of *Vipassana* and, so to speak, its internal logic or latent structure of meaning, are related comprehensively to qualified *old students*. In addition, in July 1996, I was given the opportunity to participate in the first 10-day *Vipassana* prison course to be conducted outside of India—in Ming-Te branch Prison (Drug Rehabilitation Centre) in Tainan County, Taiwan. During this course, I was able to make interesting comparative participatory observations about *Vipassana* meditation in the therapeutic context of Start Again. As a bonus, I had the priviledge to have discussions with the leading, living representative of the Vipassana tradition, S. N. GOENKA, a Burmese-born Indian.[5]

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[5] An initial evaluation of the material found on that occasion can be found in STUDER (1997a).

As a conclusion I can say that in no phase of the study was I made to feel that I was unwanted or a disturbance (in the sense, for example, of active voyeurism)—neither from clients nor from staff. I think that all those concerned in the Start Again case study knew of my intentions—in part because these were always detailed and elaborated upon in various contexts—and to this day I have not heard of any doubts about my work, or felt the slightest irritation or animosity directed to me, notwithstanding the legitimate queries and appropriate criticisms of those concerned.

This general positive attitude of casualness and open mindedness facilitated my integration into the milieu of Start Again and allowed me to analyse, quantitatively evaluate and sensibly assess the institution from the inside.

Study development and research-pragmatic logic of the case study

A comprehensive summary concerning the actual development and factual research-pragmatic logic of this case study were provided to the Department of Justice in September 1997. Since the detailed information contained in this report has retained its validity completely, I will refer you to STUDER (1997b).

A2.3 Appendix to subsection 2.3.3 - "The same or different, that is the question"

The following four computer printouts give the results of a probabilistic-logical

comparative analysis of the client success distributions of different random samples:

(1) The subset of clients who practiced Vipassana in comparison with the subset of clients who did not practice the technique, for all clients who completed therapy from Oct. 1992 to Sept. 1995.

(2) The same two client groups as in (1) are compared, but this time taking into account all clients who completed therapy from Oct. 1992 to June 1997.

(3) The group of clients who completed therapy from Oct.1992 to Sept. 1995 and who accepted the offer of post-therapeutic care by Start Again is compared with the group of clients who did not take up post-therapeutic care over the same period.

(4) The same two client groups as in (3) are compared, but this time taking into account all clients who completed therapy from Oct. 1992 to June 1997.